SELECTIONS

FROM THE

RECORDS OF THE GOVERNMENT OF INDIA,

HOME DEPARTMENT.

No. CCCLXXI.

HOME DEPARTMENT SERIAL No. 29

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RELA[illegible]O THE

IMPROVEMENT OF THE POSITION AND PROSPECTS

OF

CIVIL ASSISTANT SURGEONS IN INDIA

FROM

1891—99.

Published by Authority.

CALCUTTA:
OFFICE OF THE SUPERINTENDENT OF GOVERNMENT PRINTING, INDIA.
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PAPERS

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CONTENTS.

Improvement of the position and prospects of Civil Assistant Surgeons.

PAPERS

RELATING TO THE

IMPROVEMENT OF THE POSITION AND PROSPECTS OF CIVIL ASSISTANT SURGEONS IN INDIA

FROM

1891–1899.

From H. H. RISLEY, Esq., Officiating Secretary to the Government of Bengal, to the Secretary to the Government of India, Home Department,—No. 1372 (Medical), dated the 5th July 1891. **No. 1.**

I am directed to transmit, for the consideration of His Excellency the Governor-General in Council, the enclosed series of memorials * received from certain Assistant Surgeons in Bengal, praying for an improvement in their emoluments and official status. It is represented that the pay of Assistant Surgeons is inadequate in relation to their general and professional attainments; and a comparison is made with officers of the Subordinate Executive, Judicial, and Educational Services, Assistant Engineers and Public Works Accountants, to show that, while the qualifications expected of these officers are of an inferior order and require less arduous training, their emoluments exceed those of the Assistant Surgeon class. It is urged that the scale of salaries laid down for them in 1835 has undergone no improvement, while their duties have expanded, the cost of living has appreciably increased, and their prospects of private practice have been narrowed by the growing competition of private practitioners in towns and villages. It is further represented that opportunity is not more frequently taken to place them in independent charge of civil stations, as was contemplated in the Home Department letter No. 1983, dated 1st October 1859, while apothecaries are placed in preference to them in charge of such posts. Finally, it is complained that Rule 12 of the Revised Dispensary Rules of 1886, giving to the local authority or managing committee of a dispensary the option of applying for another medical officer, or of appointing their own officer when a Government medical subordinate employed by them becomes entitled to promotion, will bear hardly on Assistant Surgeons, though modified to some extent by the permission given them in 1887 to stay on at their existing rate of pay.

2. In order to make clear the position and prospects of the class of officers to which the memorialists belong, it is necessary to enter at some length into the history of this branch of the Medical Service. The grade of Sub-Assistant Surgeon—the designation borne up to 1874 by the officers now styled Assistant Surgeons—was established by Government for the purpose of rendering available for medical service in the Civil Department, persons who have obtained in India a medical education superior to that deemed necessary for the Apothecary and Hospital Assistant class of the Subordinate Medical Department. The Medical College in Calcutta was founded in 1835, and it is observed from an account published by the Council of this institution in 1839, that provision was made for 50 foundation pupils on stipends ranging from R7 to R12 a month, and for a numerous supplementary class of candidate-pupils. Natives, East Indians and members of the Subordinate Medical Department. The foundation pupils were expected to remain at the College for not less than four and not more than six years. On leaving College the Native graduates were to be employed as Sub-Assistant Surgeons (European Covenanted Surgeons were then called Assistant Surgeons) in the discharge of the duties of medical attendant in large dispensaries, established in different parts of the country, on salaries ranging from R60 to R100 a month, with prospect of increase and permission to practise. They were not compelled to enter the Government service, but might establish themselves where they pleased. The first examination under these orders seems to have been held in November 1838, when four pupils were passed out on three and a half years' study reckoning from May 1835, and these appear to have been the first Sub-Assistant Surgeons in the province.

3. Some years later a gradual falling off was observed in the disposition of native youths for the study of Medicine and Surgery in the Calcutta Medical College, and the Court of Directors of the East India Company decided in 1848, at the instance of the Government of India, to improve the prospect of the students and hold out to them greater advantages than they

* Not printed with these papers.

had hitherto enjoyed. Accordingly, in their despatch No. 14 of 4th April 1848, the pay of the Sub-Assistant Surgeon class was regulated on the following scale :—

	R
Under seven years' service	100 per mensem.
Seven years and under fourteen	150 „
Fourteen years and upwards	200 „

The proposal of the Government of India to extend the benefits of the Pension Rules to Sub-Assistant Surgeons was, however, negatived. In conformity with this despatch, "Rule for regulating the promotion and increase of allowances of Sub-Assistant Surgeons" were promulgated by the Resolution of the Home Department of 6th January 1849, which were subsequently embodied in the old Bengal Medical Regulations of 1851 (Chapter XL). These rules prescribed *inter alia* that Sub-Assistant Surgeons should be classed in three ranks; that they should serve seven years in each of the two junior ranks before they could attain promotion, except in the few cases in which the exceptional merits of an individual might entitle him to promotion at an earlier period; that the scale of allowances for each rank should be R100, R150 and R200 after each septennial period of service; and that, on completing each of these periods, they should be subject to examination in the branches of their profession and all points connected with their duties. It was further prescribed that, on obtaining the diploma of the College, the graduate would be placed at the disposal of the Medical Board (consisting of the Physician-General, Surgeon-General, and the Inspector-General of Hospitals) for employment, and his rank of Sub-Assistant Surgeon would commence; but he would have no claim to his salary as such, until he actually joined the station to which he was appointed. But by an order* issued in 1853, every Sub-Assistant Surgeon who expressed his intention of entering Government service, received a salary of R50 a month from the date of passing his examination to that of his being appointed to a charge. The ground on which the grant of this stipend was considered desirable seems to have been the great demand which then existed for Assistant Surgeons for employment under Government. In course of time, however, the annual supply of Assistant Surgeons far exceeded the demand or requirements of the State, and the Government of India ruled in 1878† that, for the future, the number of Assistant Surgeons would be regulated by the actual requirements of the Medical Department, and that no student after passing the qualifying examination would be entitled to Government service as a matter of right.

* G. G. O. No. 1640, dated 14th December 1853.

† Resolution No. $\frac{14}{614\text{-}22}$, dated 5th November 1878.

4. A further step towards rendering the service more attractive was taken in 1859, when the Government of India admitted‡ Sub-Assistant Surgeons to the benefit of the Uncovenanted Pension Rules, and sanctioned the grant to them of additional allowances§ when placed in independent charges usually held by covenanted medical officers. By the orders conveyed in the Secretary of State's Despatch No. 323 of 16th October 1884, they were admitted to the benefits of the leave rules from the date on which they entered the service of Government; and if not under 22 years of age, were permitted to count service for pension from that date. By the Home Department letter No.131 of 25th March 1874, the designation of this class of medical subordinates was altered to "Assistant Surgeons," and an important concession was made in 1886,‖ whereby the limit for the entrance of Assistant Surgeons into the service of Government was raised from 25 to 28. The ground on which this order was based was that the existing age limit had been found to press hardly on many capable students who did not pass out of the College before their age exceeded 25 years, while the best students of the College, namely, those who obtained the degree of Bachelor of Arts before commencing the study of medicine, were altogether debarred from entering the service of Government.

‡ G. G. O. No. 1983 of 1st October 1859.
§ Rs. 150 for 1st and 2nd class.
„ 100 „ 3rd class.

‖ Home Department, No. $\frac{5}{195\text{-}205}$ of 9th May, 1886.

5. In February 1866 the Sub-Assistant Surgeons of Bengal, the North-Western Provinces and the Punjab, submitted to Government a memorial complaining of their official status and prospects in the service on much the same grounds as are put forward in the series of memorials now presented. In Mr. Eden's letter No. 1397 of 8th March 1866, with which this memorial was submitted to the Government of India, it was observed that the class of officers represented by the memorialists could not be put in independent charge of civil stations where the majority of the persons requiring medical aid were Europeans; and that no just comparison could be made between their pay and the pay of officers who give their whole time to Government and get no remuneration from other sources. The only question then was whether the pay of the class was enough to induce a sufficient number of qualified men to enter Government service and remain in it. On this point the Government of Bengal

had no information, and suggested a reference to a committee then engaged in inquiring into the adjustment of salaries of the Indian Medical Service. The Government of India rejected* the petition, remarking that the returns of students and graduates showed that the future supply of Sub-Assistants would probably exceed the past. Again, in 1882 a somewhat similar appeal was made by Dr. Simpson, then Principal of the Temple School of Medicine, Patna, on behalf of the Assistant Surgeon class, and more especially of teachers in medical schools. In forwarding it to Government, Dr. Payne, then Surgeon-General for Bengal, remarked that the Assistant Surgeons as a class were overpaid for the work they performed; that the cost of educating them fell mainly on the State, their own payments covering but small a fraction of it; that a sufficient number of appointments with adequate salaries existed for the really meritorious officers in the service; and that an Assistant Surgeon who worked at his profession, rarely failed to make a large addition to his income by private practice. The Government of Bengal agreed in Dr. Payne's views, and declined to recommend to the Government of India any increase to the emoluments of the Assistant Surgeons as a class.

* G. G. O. No. 328, dated 1st January 1867.

6. In respect to the main part of the present petition, the reply given to the memorialists in 1866, that no just comparison could be made between their pay and the pay of the officers who give their whole time to Government, applies with undiminished force at the present moment. There is little weight in the argument that the scale of salaries was fixed more than 40 years ago and has since undergone no revision. It must be remembered that the object then was to bear down prejudices against European medicine and medical teaching, and to attract pioneers into a new profession. Now the profession is established and material is not wanting. Allowing that the cost of living has risen to some extent, and that the standard of living among men of the Assistant Surgeon class has risen considerably, still the number of young men who learn English and look to earning their living by practising medicine or by any profession that promises a livelihood, has risen still more. Moreover, Dr. Payne's opinion that an Assistant Surgeon who works at his profession rarely fails to make a large addition to his income by private practice cannot easily be gainsaid. One of the grievances of the memorialists has reference to the apothecary class who start with a lower initial qualification, study only for four years, pass one examination, and draw higher rates of pay, both maximum and minimum, than Assistant Surgeons. But the apothecary class is a special service recuited mainly from Europeans and Eurasians, and required for different purposes than those for which Assistant Surgeons are recruited. In no case can the diffierence of pay give rise to a claim on the part of Assistant Surgeons, as Government does not profess to pay more than the market value of any class of officials. On the whole, Sir Charles Elliott is satisfied that no valid reasons exist for raising the grade pay of Assistant Surgeons, and he is not prepared to recommend to the Government of India any increase to their emoluments as a class.

7. Turning to the prayer of the memorialists that they should be more frequently promoted to posts in the Uncovenanted Medical Service and to medical charge of civil stations, I am desired to invite attention to this Government letter No. 901, dated 1st May 1891, with which was forwarded a list of stations reserved for covenanted or open to uncovenanted medical officers in Bengal. There are 28 stations reserved for covenated officers, of which only 22 were then occupied by covenanted men, 5 by Assistant Surgeons, and 1 by an uncovenanted medical man. Of the 18 stations open to uncovenanted medical men, 3 were held by covenanted, 2 by Warrant Officers, and 8 by uncovenanted medical men, and 5 by Assistant Surgeons. Of the 18 special warrant appointments, 17 were held by Warrant Officers and 1 by an Assistant Surgeon. It is very doubtful if the Government of India would be willing to take any of the 28 stations reserved for convenanted officers out of the list, as it is a great object to keep up the reserve of medical men who may be required in war. The Lieutenant-Governor therefore does not see how the request of the memorialists could be granted with due consideration for Imperial requirements; but I am to say that, whenever the staff of covenanted officers or of uncovenanted men suitable for appointments open to them falls short, the local Government does not and will not hesitate to appoint Assistant Surgeons.

8. The next grievance is the working of rule 12 of the Dispensary Manual, which provides that, when a Government medical subordinate gets promotion, the local authority or managing committee may apply for the services of another officer or appoint their own medical officer. In such cases an Assistant Surgeon is thrown back on supernumerary pay until he can be provided with another permanent appointment. In order to relieve men from this hardship, it was ordered in 1887 that Assistant Surgeons should be allowed to remain in their appointment on their existing pay, when local bodies could not or would not pay their increased salary, their names being entered in the higher grade according to the date of their passing the examination. This, however, the Lieutenant-Governor thinks, can hardly be accepted as a final

solution of the difficulty. He considers that the memorialists have here a real grievanc, and he proposes to remove this ground of complaint by meeting from Provincial Funds the increased pay of an Assistant Surgeon attached to a dispensary when he is entitled to promotion, and the Municipality or District Board is unwilling, and, in the opinion of the Magistrate and Commissioner, justly unwilling through financial straits, to meet it.

9. Another grievance which, though not directly referred to in the memorials, has of late been separately brought to the notice of Government, is the question of the supernumerary pay of Assistant Surgeons. Rule 4, Chapter XL of the Bengal Medical Regulations of 1851, laid down that an Assistant Surgeon (then styled Sub-Assistant Surgeon) had no claim to his salary until he actually entered on the duties assigned to him. Rule 490 of the Regulations of 1877 says that Assistant Surgeons, after admission, will be attached for duty to a hospital or dispensary, receiving, while so attached, and until their services are required for a substantive charge, a stipend of R50 a month. The next reference to the subject that can be traced is in the Secretary of State's Despatch No. 323 of 16th October 1884, sanctioning scale of "reduced pay" (R50—100—150) applicable not only to supernumeraries, but as a penalty to any Assistant Surgeon guilty of misconduct deserving such punishment. In 1885 the Government of India, in the letter from the Financial Department, No. 1253, dated 11th March, interpreted the orders of the Secretary of State thus : "Assistant Surgeons entering the service will draw, as now, R50, without any increase, as long as they are supernumeraries, or so long as they have no permanent appointments: but having obtained permanent appointments, and so baving ceased to be on the supernumerary list, they will receive the present scale of pay—R100, R150, and R200. Again, in the letter from the Financial Department, No. 695 of 22nd December 1885, the Government of India ruled "that Supernumerary Assistant Surgeons shall be regarded as Assistant Surgeons on the third grade, and shall be entitled to pay at the rate of R50 a month when unemployed, and R100 a month when employed, except in the case of their officiating in appointments which carry with them fixed pay."

10. In April last the Inspector-General of Civil Hospitals reported the cases of—

(a) Baboo Gopal Chandra Mukerjee, a second grade Assistant Surgeon appointed temporarily to have charge of Diamond Harbour.

(b) Baboo Abinash Chandra Chatterjee, third grade Assistant Surgeon, acting in Gybanda Sub-division.

(c) Baboo Gopal Chandra Ghose, acting in the Vaccination Department.

In these cases the Accountant-General passed pay on the "reduced scale", *e. g.*, at R100 for the second grade men and R50 for the third grade men, quoting as his authority a letter from the Government of India, Finance and Commerce Department, No. 293, dated 22nd January 1891, to the effect that a temporary or supernumerary Assistant Surgeon who has not had seven years' services and passed for promotion, gets R50 a month ; that after passing he gets R100 in the second and R150 in the first grade, and that he cannot get the full grade until he has a permanent appointment. The Lieutenant-Governor is also unofficially informed that the Accountant-General has further held that Assistant Surgeons who held permanent appointments in other provinces and vacated them on transfer to Bengal, are only entitled to reduced pay until permanent posts are found for them. In sending up the three cases above indicated, the Inspector-General drew attention to the orders of the Government of India of 11th March 1885, and stated that it had always been the practice to grant full grade pay to an Assistant Surgeon holding a temporary charge, and the Accountant-General had never objected before. Dr. Hilson's therefore recommended that Supernumerary Assistant Surgeons who had not obtained permanent appointments when employed temporarily in any charge, should be allowed, as heretofore, to draw their full grade pay. On receipt of Dr. Hilson's representations, the Government of Bengal referred the Accountant-General to the Government of India's orders of 22nd December 1885, classing supernumerary Assistant Surgeons as Assistant Surgeons, and authorizing them to draw R100 a month when employed, except when officiating in appointments carrying fixed pay, and enquired if he still held to his objection. The Accountant-General has replied that he has referred to the Supreme Government the question whether the orders January 1891 supersede the orders of December 1885.

11. In connection with the above representation, Dr. Hilson has sent up a letter addressed by 13 young licentiates to the Principal, Calcutta Medical College, expressing their willingness to enter Government service, but stating that they hesitate to do so unless the grievance of unemployed pay is removed. Dr. Birch supports the memorial, and Dr. Hilson recommends that the reduced scale should in future be applied only to those Assistant Surgeons who misconduct themselves, and he urges that the grade pay of R100 should be allowed from the

date of declaration for Government service, and not from the date of permanent service, as the practice of giving only half-pay until a permanent appointment has been gained leads to much discontent.

12. With regard to this point it appears to the Lieutenant-Governor that the reduced scale of supernumerary pay is a survival from the time when every passed student was entitled to enter as an Assistant Surgeon and Government was liable to be called upon to pay more men than it could find employment for. In 1879-80 the Surgeon-General, Bengal, entered in his budget estimate 105 as the probable number of supernumerary Assistant Surgeons for whom provision would have to be made. By 1887 this number, which was probably in excess of the truth, had been reduced to 14 by the effect of the orders referred to in paragraph 3 above, restricting the right to enter the service of Government. At the present time the Lieutenant-Governor is given to understand that all the reserve men are either officiating or on leave, and Dr. Hilson's proposal to give grade pay at full rates, with effect from the date of declaring for Government service, would not involve the State in any considerable additional expense. Sir Charles Elliott would, however, prefer to deal with the question on somewhat different lines, and he accordingly recommends—

(*a*) That a stipend of R50 be given to all Assistant Surgeons from the time when they declare for Government service until employment can be found for them. This is found to be sufficient for accepted candidates for the Subordinate Executive Service while they are waiting for appointments, and Assistant Surgeons have no claim to more liberal treatment.

(*b*) That as soon as an Assistant Surgeon is appointed to any post, officiating or temporary, he should get the full pay of the 3rd grade, *viz.* R100.

(*c*) That an Assistant Surgeon transferred from another Province to Bengal should get his full grade pay, whether provided with a post or not, unless transferred for some fault or misconduct.

From J. P. HEWETT, Esq., C.I.E., Deputy Secretary to the Government of India, to the Secretary to the Government of Bengal,—No. 591, dated the 21st September 1891. **No. 2.**

p. 1

I am directed to acknowledge the receipt of your letter No. 1372, dated the 5th July last, forwarding a series of memorials from certain Assistant Surgeons in Bengal, in which they pray for an improvement in their emoluments and official status.

The complaints of the Assistant Surgeons relate chiefly to the following matters :—

(*a*) the insufficiency of their present grade pay;

(*b*) the fact that they are not more frequently appointed to posts in the Uncovenanted Medical Service and to the medical charge of civil stations;

(*c*) the effect of the working of Rule 12 of the Dispensary Manual, and

(*d*) the pay given to supernumeraries.

2. In reply I am to say that the Government of India concur entirely with the conclusions arrived at by the Bengal Government on the first three points. In their opinion no valid reasons have been advanced for raising the present grade pay of Assistant Surgeons. As His Honour has pointed out, the reservation of Civil Surgeoncies to Commissioned Medical officers interferes with the more general employment of Assistant Surgeons as Civil Surgeons, and, in view of the necessity for providing for a war reserve, the Government of India are unable to reduce the number of stations reserved for Commissioned Medical officers in Bengal. The Bengal Government are prepared to employ Assistant Surgeons in the charge of stations whenever the staff of Commissioned or suitable Uncovenanted officers falls short, and this course goes as far as is possible in the direction of the prayer of the memorialists. The proposal of His Honour the Lieutenant-Governor to meet from Provincial Funds the increased pay of an Assistant Surgeon who becomes entitled to promotion when the local body in whose service he is employed is really unable to bear the additional charge, has removed what was in the opinion of the Government of India a substantial grievance.

3. The Government of India understand that there are two grievances in respect of the supernumerary pay: *first*, that supernumerary Assistant Surgeons, while unemployed, draw pay at a reduced rate, *viz.*, R50 if in the third grade and R100 if in the second grade; and, *secondly*, that, under a recent ruling by the Accountant-General, they are only entitled to the reduced rate even when employed in temporary or officiating charges. The Governor General in Council

concurs generally in the views expressed by the Bengal Government on these points, and is prepared to modify the rules so as to give effect to His Honour's suggestions. The rules as modified will be as follows :—

(1) All Supernumerary Assistant Surgeons will draw R50 during the time for which they have no temporary or permanent charge and are merely attached to hospitals or on similar duty. This rate of pay to be called "unemployed pay".

(2) All supernumerary Assistant Surgeons will receive R100 while holding temporary or officiating charges. This rate of pay to be called "employed pay" and to cease when the temporary or officiating duty ceases. The supernumerary will then revert to unemployed pay. Should the post of which a supernumerary is in charge carry local allowances, he will be entitled to receive them in addition to the R100 a month; and the allowance to a supernumerary in charge of a civil station will, under Article 157 (*ii*) of the Civil Service Regulations, be R100 in addition to employed pay.

(3) All Assistant Surgeons holding permanent appointments will draw, in addition to their grade pay, any local and other allowances attached to those appointments.

(4) An Assistant Surgeon who is transferred, otherwise than for misconduct, from another Province in which he was holding a permanent appointment, will draw full grade pay until provided with a permanent post, and will be absorbed in the first vacancy that occurs after his transfer. If transferred for misconduct, he will receive the reduced pay of his grade. If transferred while a supernumerary, his pay will be regulated by Rule (1) or (2) according as he holds a temporary or permanent charge or not.

(5) An Assistant Surgeon on the permanent list who has misconducted himself, will draw the reduced pay of his grade, R50, R100, or R150, whether employed or not.

(6) An Assistant Surgeon with a permanent appointment, who loses that appointment otherwise than as a penalty for misconduct, *e.g.*, by its being abolished, will receive his full grade pay till he can be provided with a permanent post, and will be absorbed in the first permanent vacancy which occurs after he loses his appointment.

With reference to Rule (5) I am to observe that an Assistant Surgeon who has been reduced should usually be employed instead of being allowed to remain in a hospital as a supernumerary. If his misconduct has been of such a nature as to render his employment undesirable except as a supernumerary, he should be dismissed.

4. The rules enumerated above assume that it will never be necessary, as has sometimes happened in Bengal, to keep an Assistant Surgeon as a supernumerary for as long as 7 years, and, as the Government of India consider that it is an essential condition of a properly recruited service that an Assistant Surgeon who is duly qualified should be provided with a permanent appointment before he has completed seven years' service, I am to request that, with the permission of His Honour the Lieutenant-Governor, a scale of annual recruitment for Assistant Surgeons, which will secure this result, may be fixed and strictly adhered to. I am further, with reference to the orders contained in your Medical letter No. 882, dated 25th April last, to the address of the Inspector-General of Civil Hospitals in Bengal, to say that, as it is very desirable that none but properly qualified men should be retained as Assistant Surgeons, the Governor General in Council considers that the rules relating to septennial examinations should be rigidly enforced.

No. 3. From J. A. Bourdillon, Esq., Officiating Secretary to the Government of Bengal, to the Secretary to the Government of India, Home Department,—No. 773 (Medical), dated the 27th February 1895.

In paragraph 2 of my letter No. 226-T.M., dated the 9th June 1894, it was stated that the Committee appointed to consider the questions of the pay, position and prospects of Civil Hospital Assistants had also been asked to report on similar questions affecting Assistant Surgeons. They have now submitted the result of their diliberations in regard to the status of this class of officers, and I am directed to submit their report for the consideration and orders of the Government of India with the following remarks.

2. The grievances of the Assistant Surgeons, as stated in paragraph 4 of the Committee's report, are as follows:—

(1) The liability of junior officers to revert to unemployed pay at the rate of R50 per mensem until they are permanently provided for.

(2) The transfer of officers from their appointments under Municipalities when promoted to a higher grade.

(3) The insufficiency of their pay compared with that of the Subordinate Judicial and other departments of Government service.

(4) The fact that they are not selected for appointments in the Uncovenanted Medical Service.

(5) The treatment that they receive at the hands of Municipal Commissioners, Deputy Magistrates and others in the matter of fees, to which they are entitled for attendance on the families of these officials.

(6) The practice of giving appointments under Government, such as that of Registrar to the Medical College Hospital, to outsiders who have refused to enter the service of Government.

Complaints of this or similar character have more than once been formulated, and they have as often been found by this Government as well as the Government of India to be based on insufficient grounds. Representations on some of these points were last submitted to the Government of India in 1891, and the orders then passed are contained in Home Department letter No. 591, dated the 21st September 1891. Last year, however, it was brought to the notice of the Lieutenant-Governor that the service was losing its popularity among the students, and that the best and most intelligent of them refrained from accepting Government employment. His Honour therefore considered a further enquiry to be necessary, and, as already stated, he referred the whole question of the grievances of Assistant Surgeons to the Committee then engaged in considering the pay, position and prospects of Civil Hospital Assistants.

3. The Committee submit the following proposals for improving the status of Assistant Surgeons:—

I.—That unemployed pay should be abolished, and that third grade Assistant Surgeons should be allowed their grade pay from the date of admission into the service.

II.—That transfers on promotion should cease, Government paying the difference in cases where the Municipality cannot or will not do so.

III.—That in certain specified appointments the grade pay and allowances should be consolidated so as to carry pensionary rights.

IV.—That a further increase of R50 per mensem should be granted at the end of 21 years' service, subject to the usual professional examination; successful candidates to be graded as Senior Assistant Surgeons.

V.—That a few of the smaller civil stations should be reserved for Assistant Surgeons with a charge allowance of R150 carrying pensionary rights.

VI.—That no bond should be exacted from students of the Medical College.

VII.—That the present system of scholarships should be maintained.

4. With regard to the first proposal, I am to refer you to paragraphs 9 to 11 of Mr. Risley's letter No. 1372, dated the 5th July 1891, which gives full particulars of the pay fixed for supernumerary Assistant Surgeons, and the difficulty which arises from the inadequacy of such pay. In accordance with the recommendations made in that communication, the Government of India, in Home Department letter No. 591, dated the 21st September 1891, ruled that all supernumerary Assistant Surgeons should draw R50 per mensem during the time they are without any temporary or permanent charge, but that, when placed in such charges, they should receive R100 per mensem. This concession has removed the most pressing of their complaints, but the small pay of R50 which is all that they are allowed to draw on entering the service, is said still to deter the best and most intelligent students from accepting Government service. The Lieutenant-Governor is therefore disposed to agree with the Committee that the category of unemployed pay should be abolished except for purposes of punishment, and that every Assistant Surgeon should, on entering the service, be allowed to draw the full pay of the lowest grade, *viz.*, R100 per mensem. A similar concession was granted in 1893 to Civil Hospital Assistants in these provinces by the Lieutenant-Governor's orders, and I am

desired to recommend that sanction may be accorded to its extension to Assistant Surgeons also. As regards the probable cost of this change, the Inspector-General of Civil Hospitals reports that the average amount paid to supernumerary Assistant Surgeons on unemployed pay for the 33 months ending with September 1894 was R182-3-6 per mensem. It is observed, however, that some of the Assistant Surgeons quoted in the statement of the Inspector-General of Civil Hospitals appear to have been on unemployed pay for long periods, and were probably undergoing punishment: these cases should not be taken into consideration in calculating the number of Assistant Surgeons on unemployed pay in ordinary circumstances. Moreover, the expenditure likely to be incurred can be further reduced by care in recruiting. However, even if the recommendations of the Committee are accepted as they stand, it is manifest that the extra cost at the rate of R100 where R50 is now drawn, would only be R182-3-6 a month, or R2,000 a year.

5. With reference to the second proposal, I am to say that the necessity for providing against the transfer of medical officers in charge of local fund dispensaries has already been recognized by this Government; and agreeably to the observations made in paragraph 8 of this office letter of the 5th July 1891, the Lieutenant-Governor has decided to meet from Provincial funds the increased pay to which an Assistant Surgeon in charge of a local fund dispensary becomes entitled on promotion to a higher grade in cases where the local body is really unable to meet it through financial pressure and not from perversity. Effect has already been given to this policy in several cases, and no further orders are therfore required on this point.

6. In paragraphs 22 and 27 of their report, the Committee recommend that the allowances attached to the appointments noted in the margin should be treated as part of salary, and that the whole should be regarded as counting towards pension. The allowance in the first case is given for the medical charge of the Alipore Jail; and although at present drawn by the Assistant Surgeon, it may at any moment become desirable that some other arrangement should be made. The Lieutenant-Governor does not therefore consider it proper to treat this allowance as a part of the Assistant Surgeon's salary. The allowances attached to the posts of Demonstrator of Anatomy, Medical College, and Teachers of Medical Schools are already consolidated, and carry pensionary rights: no orders are required in regard to them. The Assistant Surgeon in charge of the Goalundo Sub-division draws an allowance of R50 per mensem from the railway for the medical care of their employés, and R50 for the supervision and medical treatment of emigrants at the depôt there. Both these allowances are paid for duties which do not belong to the office of the Assistant Surgeon in charge of a sub-division, and are purely local allowances within the meaning of Article 38(*a*) of the Civil Service Regulations; and as such, they cannot, under Article 384(*d*) of those Regulations, count towards pension. The same remarks apply to the allowance drawn by Assistant Surgeons for the medical charge of Civil stations, which is also a local allowance under Article 157 of the Civil Service Regulations, and cannot carry pensionary rights.

1. Assistant to the Civil Surgeon of the 24-Parganas.
2. Demonstrator of Anatomy, Medical College.
3. Teachers of Medical Schools.
4. Assistant Surgeon, Goalundo.
5. Assistant Surgeons in charge of Civil stations.

7. With reference to the fourth proposal, I am to observe that the Lieutenant-Governor does not think that sufficient grounds have been shown for receding from the opinion expressed in paragraph 6 of Mr. Risley's letter No. 1372, dated the 5th July 1891; and, for the reasons stated therein, he is unable to support the proposal to grant a further increase of R50 per mensem to the salary of Assistant Surgeons at the end of 21 years' service.

8. The next proposal of the Committee is to reserve a few of the smaller Civil stations for Assistant Surgeons with a consolidated salary of R350 per mensem for the charge of them. The Inspector-General of Civil Hospitals in a subsequent communication has shown that this change would effect a saving of R1,000 per mensem, or R12,000 per annum, when fully carried out, and the calculation is reproduced in the margin; if sanctioned, the change will greatly improve the prospects of the Assistant Surgeons without entailing additional cost to Government; it will go far to give effect to expectations raised by the orders of the Government of India in 1859 (No. 1983 of 1st October), and will probably remove the dissatisfaction felt at the non-admission of this class of officers to the Uncovenanted Medical Service. The Lieutenant-Governor has not forgotten that in 1891, in paragraph 7 of the letter already quoted more than once, he expressed his inability to accede to somewhat

	R
Salary of five Uncovenanted Medical Officers at R550, per mensem, mean pay	2,750
Salary of five Assistant Surgeons on a consolidated salary of R350 per mensem	1,750
Saving per mensem	1,000

similar prayers : but since that letter was written circumstances have changed. Applications for admission to the Uncovenanted Medical Service are not frequent, and His Honour understands that the Government of India is inclined to discourage them. The Lieutenant-Governor is therefore disposed to accept this proposal, and recommends that the five stations named in the margin may be recognized as ordinarily reserved for Assistant Surgeons, and that competent men from the rank of Assistant Surgeon may be appointed substantively to them when vacancies occur. One Assistant Surgeon has already been placed in permanent medical charge of Palamau in accordance with the proposals sanctioned by the Secretary of State in his Despatch No. 73 of the 9th July 1891, but the remaining four stations are now permanently held by officers of the Uncovenanted Medical Service. In the meantime Assistant Surgeons may, as found convenient, be appointed to act in charge of civil stations under the ordinary rules.

Faridpur, Noakhali, Rangamoti, Malda, Palamau.

9. As regards the sixth and seventh proposals of the Committee, it was ruled in Home Department Resolution No. $\frac{7\text{-Med}}{668\text{-}679}$, dated the 12th October 1891, that at the commencement of their studies a bond should be taken from all students of the vernacular medical schools who receive medical instruction wholly or in part at the expense of the State, to the effect that these students would complete their course of study, and that they would at the end of their course, if required to enter Government service, sign the form of agreement for Civil Hospital Assistants. In the event of the student failing to carry out these conditions, it was laid down that the executant of the bond would be liable to make good the amounts spent by Government on the professional education of the student. It was subsequently explained in Home Department's Resolution No. $\frac{4}{163}$ Med., dated 22nd March 1892, that the bond should be taken only in the case of those students whose education is paid for or aided by the State throughout the entire period required to complete their course of studies. In my letter No. 298-T.M., dated 24th June 1893, however, it was suggested, as a further modification of the orders on the subject, that no State aid should be afforded to a student, whether for the whole or part of his educational course in a vernacular medical school, without the antecedent execution of a bond to enter the service of Government for a certain time, if required to do so, on completing his course of studies. This proposal was accepted by the Government of India in Mr. Lyall's letter No. 532, dated 31st August 1893, and the Lieutenant-Governor was at the same time asked for an expression of his opinion on the advisability of enforcing this rule in the case of students of the Medical College. The Director of Public Instruction and the Inspector-General of Civil Hospitals, who were consulted in the matter, were not in favour of this proposal, but the Lieutenant-Governor considered it advisable to obtain the opinion of the Committee before sending a reply to the Government of India. The Committee also reject the suggestion, and their objection appears to be based on the experience of the Campbell Medical School. The Lieutenant-Governor, however, is not satisfied that these objections are sound. The experience gained in the Campbell School seems to show that the best students are unwilling to take the scholarships offered them under the above conditions, and that they have been awarded to inferior and idle students. If this has really happened, the Lieutenant-Governor considers that an error has been committed by the authorities ; he is convinced that the scholarships at the Medical College should, as suggested in paragraph 3 of Mr. Lyall's letter above quoted, be maintained, and that they should be given only to those who accept the condition of taking Government service and who are at the same time capable and studious, and have done well in the examination.

10. With regard to the rest of the alleged grievances of the Assistant Surgeons in Bengal, I am to say that the post of the Registrar of the Medical College Hospital requires special qualifications. The appointment was therefore given to a student of great College distinction, who possesses special aptitude for the duty. The Lieutenant-Governor, however, has no objection to its being offered to a distinguished Assistant Surgeon of the third grade, and on the occurrence of the next vacancy an Assistant Surgeon of the Government establishment will be selected for the post. The complaint about the treatment which Assistant Surgeon receive from Municipal Commissioners and Government officials is a minor one, and of a somewhat sentimental character, the remedy for which lies in the hands of the Assistant Surgeons themselves : it does not seem to call for any general order of Government.

11. To recapitulate, I am to ask for the orders of the Government of India on the following points :—

(a) The abolition of unemployed pay except by way of punishment, as explained in paragraph 3 above.

(b) The gradual appointment of Assistant Surgeons to five small civil stations on a consolidated salary of R350 (paragraphs 7 and 8).

On the other points no orders are required.

No. 4. *Report on the complaints of Assistant Surgeons, and the question of taking Security Bonds from the scholars in Medical Schools in Bengal: being the second Report of the Committee appointed under Bengal Government Resolution No. 4046-Med., dated the 19th December 1893.*

In Bengal letter No. 467-Med., dated the 2nd of February 1894, the Government referred to the Committee the question of the removal of Assistant Surgeons from municipal appointments on promotion, in the event of the municipalities being unwilling to pay the higher salaries to which such officers thus became entitled.

2. In Bengal letter No. 877-Med., dated the 21st of February 1894, the Government asked the Committee to consider the whole question of demanding security bonds from the scholars at the Medical College and the vernacular schools in Bengal.

3. The present report is a reply to these letters; but as both these questions are intimately connected with the popularity of the subordinate services and the willingness of students to enter Government service, the Committee have thought it better to somewhat enlarge the the scope of their enquiry, and to consider the question of the alleged grievances of the Assistant Surgeon class in the same way as they have already done in their first report in the case of the Hospital Assistants. This is the more necessary because they understand that the Indian Medical Association is about to address the Government on this subject.

4. The grievances of the Assistant Surgeons are said to be as follows:—

(1) The liability of junior officers to revert to unemployed pay at the rate of R50, until they are permanently provided for.

(2) The transfer of officers from their appointments under municipalities when promoted to a higher grade.

(3) The insufficiency of their pay compared with that of the Subordinate Judicial and other departments of Government service.

(4) The fact that they are not selected for appointments in the Uncovenanted Medical Service.

(5) The treatment that they receive at the hands of Municipal Commissioners, Deputy Magistrates, and others in the matter of fees, to which they are entitled for attendance on the families of these officials.

(6) The practice of giving appointments under Government, such as that of Registrar to the Medical College Hospital, to outsiders who have refused to enter the service.

5. Discontent in the service is no new thing, and seems to have been before the Government as long ago as 1859, if not before. In 1865 an elaborate petition was sent up to Government by the Assistant Surgeons of the three Provinces, Bengal, North-West, and the Punjab. In reply to this they were told that it was intended to appoint some of them to civil charges on liberal salaries, and that their position and prospects would in that way be improved, although no change was made in their grade pay. About four Assistant Surgeons seem to have been appointed to the Uncovenanted Medical Service in the first instance, but since then what was practically a promise of amelioration in their condition has become a dead letter. Then, again, in 1888 the Assistant Surgeons of the Bengal Province submitted another memorial reiterating the same grievances, and were told in reply that Local Govenment would make good the difference in pay due to them on promotion to a higher grade if the municipalities were unwilling to do so, but thus promise has seldom been fulfilled. In addition, therefore, to their other grievances they complain that they have been put off by Government with empty promises.

Financial Department No. 2068, dated 30th November 1866.

Home Department No. 591, dated 21st September 1866.

6. Another reason why the reply of Government in 1891 seems only to have increased the discontent, is that it fails to give any adequate answer to some of the representations of the

memorialists. Seeing for instance, that they were at some pains to set forth the arguments on which they base their claim to a higher rate of pay, the statement that in the opinion of the Government no valid reasons have been advanced for raising the present grade pay has failed to satisfy them, in the absence of any indication of the grounds on which this conclusion is based.

7. Hitherto the Government has always been able to fall back on the assurance that Assistant Surgeons could be recruited without difficulty; but this is no longer the case. A really good student of the College will rarely enter Government service at the present time, unless he can be promised one of the resident appointments in the College Hospital; and there is reason to fear that even the great advantages of these appointments will in the future fail to attract any but the less capable students. Moreover, this practice of attracting a better class of students into the service by offering them special appointments and making conditions with them seems to be hardly fair to the general body of Assistant Surgeons, and also to be inimical to discipline, so that for this reason alone an effort should be made to improve the general conditions of the service.

8. Admitting, then, that the present state of discontent is detrimental to the interests of Government, its alleged causes may be considered separately with a view to finding remedies for them.

9. The liability of third-grade men to revert to the certainly insufficient pay of R50 a month is the more serious because, affecting as it does the men who have most recently joined the service, it comes prominently to the notice of all the students, and is held up to them as one of the most glaring disadvantages of enlisting in the Government service. The fact that many of the unemployed are posted to the Medical College Hospital makes it still more conspicuous, and this is particularly the case when those who have held the resident appointments at the College Hospital become unemployed at the end of their term of office. There are at the present time no third-grade Assistant Surgeons on unemployed pay, but there are 14 in temporary employment, who are liable to revert at any time to the 50-rupee rate of pay. Every effort has been made to regulate the recruiting in such a way as to avoid having more unemployed men than is absolutely necessary. The Committee would strongly urge that this unemployed pay be henceforth abolished, and that all Assistant Surgeons should be allowed to draw their grade pay from the date of their enrolment in the service, except in cases where they are thrown out of employment by misconduct. A similar indulgence has recently been granted to Hospital Assistants (Bengal Government No. $320\frac{T.}{M.}$, dated 29th June 1893). The concession would cost little, but would remove a much-dreaded possibility and source of anxiety.

10. There is next the hardship that is caused by the refusal of municipalities to meet the increased rate of pay that becomes due to an Assistant Surgeon on promotion to a higher grade, and the consequent necessity for his transfer to either the unemployed list, or, at best, to another station. This involves not only an expensive and inconvenient move, but also the loss of private practice built up by years of effort to acquire the confidence of the community. Even if the Assistant Surgeon is fortunate enough to be posted at once and permanently to a new station, he has still to begin again making a name for himself; and it is generally a long time before he acquires the same pecuniary position that he enjoyed before his transfer, while he has before him the prospect of being again ousted, just as his practice becomes lucrative, on obtaining another step in promotion. More often, however, he does not get another permanent appointment for some months, or it may be years, during which time he has to drift about the province from one temporary appointment to another acting for men on leave, and at times doing duty at the Medical College Hospital. He has no fixed home, and little or no chance of adding to his income by practice, and he thus serves as an object-lesson to the students of the disadvantages of entering Government service. There were at a recent date 13 men of the first grade and 11 of the second grade without permanent appointments. Of ordinary transfers from one station to another, that is, of such transfers as are the result of the exigencies of the service, they do not complain, and junior officers especially expect to be moved about at first in order that others may be able to enjoy the privilege of taking leave. But senior officers have a right to expect considerable freedom from such disturbance; and being once established in a station, they are desirous of remaining there, so that they may build up that practice which they are all supposed to enjoy, and which is the principal justification of the low rate of pay given to them by Government. There is a complete reversal of the natural conditions of a service when the senior men are frequently moved about in officiating appointments and in doing general duty, while the juniors are provided for in permanent posts. As an instance of this form of hardship may be mentioned

the case of Assistant Surgeon Purna Chandra Das Gupta, who was transferred from the Malanchi dispensary on promotion to the second grade, by Government order No. 2046, dated the 11th of Setember 1891, and who has been without permanent employment ever since.

11. The plan of allowing Assistant Surgeons in these circumstances to remain in the same station, on condition of their accepting the pay of their former grade, does not really remove the grievance but only changes its form; and it certainly causes just as much discontent in the service as a whole, though it may be acceptable, as a choice of evils, to the individual concerned. The case of Assistant Surgeon Bihari Lal Pal, who was ordered to be transferred from the Krishnagar dispensary on promotion to the first grade, but was allowed to remain on condition that he would only draw second grade pay, has been much commented on by the service at large, who look upon it as a case of extreme hardship, their version of the proceedings being that the Assistant Surgeon nominally draws his first grade pay, but repays the difference between it and his second grade pay in the form of a donation to the municipality. It cannot be desirable that the Government should be credited with sanctioning such transactions between Assistant Surgeons and municipalities.

12. In the Government letter No. 467-Med., dated the 2nd of February 1894, to the address of the Inspector-General, of Civil Hospitals, it is proposed, as a solution of this difficulty, that all municipalities should contribute to Government the average pay of an Assistant Surgeon, the Government undertaking in return to provide them with an Assistant Surgeon and to pay him his grade pay whatever it may be. There is not doubt that this plan would answer excellently if local bodies would accept it. The municipalities would pay a round sum of R150 per mensem to Government, who would then provide an Assistant Surgeon of whatever grade the most eligible man available happened to belong to. The Committee fear, however, that many of the municipalities would plead inability to contribute so large a sum, and that in some cases they are really too poor to do so. It may be noted, however, that this grievance is said to be practically non-existent amongst the Assistant Surgeons of the Punjab, because in that province the Government compel municipalities to devote 18¾ per cent. of their income to hospital relief (including vaccination), and this sum is sufficient in almost all cases to meet the cost of an Assistant Surgeon of any grade. Note "A" attached to this report shows that the percentage of total income devoted to hospitals and vaccination by the different municipalities in Bengal who employ Assistant Surgeons varies very much, but is in many cases much below 18¾ per cent. Some of them might be reasonably expected to contribute more than they do at present under this head, and the difference would probably meet the average cost of an Assistant Surgeon.

13. The Committee wish to point out that while this plan is desirable in itself, it is not essential to the removal of the grievance of which the Assistant Surgeons complain. When a dispensary is first established, the amount of money available for its support is generally known to the Governors, who apply for an Assistant Surgeon of the highest grade, they think they can afford. When promotion comes to the Assistant Surgeon in ordinary course, they sometimes agree to meet the increased rate of his pay, but more often they call upon Government to make up the difference, and Government have done so on several occasions. Frequently, however, the Government have refused, the Assistant Surgeon has been transferred, and a cheaper man of lower grade sent in his place. The idea seems to have been that for Government to meet the increase of pay involves extra expenditure; but this is seldom the case, because unless the displaced man is accepted by some other local body willing to pay at the enhanced rate, the Government have to give it to him, and at the same time to incur the expense of travelling allowances for two transfers. The Government therefore only lose by forcing a transfer upon the incumbent who has been promoted, and might just as well leave him where he is and make up to him the difference of pay due to him on promotion. Even, therefore, if the suggested plan for defining and increasing the local contributions should fail, the Committee think that the practice of transferring men on promotion should cease, the Government meeting the increase of pay if the local body is unwilling or unable to do so. They would once more point out that this is the solution of what the Government of India has acknowledged to be a substantial grievance—a solution which was promised to the Assistant Surgeons in Government of India letter No. 591, dated Simla, the 21st of September 1891, and which was communicated to them as a reply to their memorials submitted in 1888.

14. There is another method of solving the difficulty worthy the consideration of Government, and that is to let the municipalities make their own arrangements for medical officers, in the sameway as District Boards now arrange for teachers when Zilla schools are

made over to them. In the first instance, they retain the teachers belonging to the Education Department; but as vacancies occur, or the teachers can be provided for elsewhere, they fill the appointments with their own men who have no pensionary claims against Government. In this way the cadre of Assistant Surgeons would gradually be diminished, pensionary claims would also be reduced, and the Government would be in a better position to improve the pay and prospects of those who remain. There is no reason why the municipalities should not be allowed to select, if they wish, an officer already in the Government service, who, if prepared to accept the advantages of permanent residence and take the risk of insecurity of tenure, would be struck off the Government list from the date that he takes up his duties under the Municipality, and would have no further claim of any kind upon the Government. This would certainly be preferable to the present arrangement, under which the Assistant Surgeons are allowed to take service with municipalities at special rates, although still belonging to the Government service. It would give the Assistant Surgeon an inducement to keep up his work in the hope of being selected by the Municipality of the town at which he wishes to settle down, and it would form a convenient outlet, other than the pension-list, for men who are tired of the service.

15. The next complaint of the Assistant Surgeons is that their grade pay is insufficient to enable them to keep up the position they are expected to hold, and also compares unfavourably with that of every other subordinate department. Their contentions on this point have been very fully set forth in the memorials submitted in 1888, which may be referred to (*vide* one of these memorials in note "B").

16. It is now nearly thirty years since they first complained of their poverty-stricken condition, and their discontent has become steadily more acute every year since. It is not so much that the necessaries of life have become dearer, but rather that a higher standard of comfort has been established. It is not that they cannot live on their pay, but that they cannot keep up a respectable position in society, encumbered as they often are even on entering the service, with a family. On the other hand, they see their relatives entering other departments of Government with initial salaries as large as most of them can ever hope to attain to. In mere literary attainments they may perhaps be inferior to the B.A. and B.L. graduates; but on the other side they can place their five years of training in technical subjects at the Medical College, and the M.B. degree, or the license in Medicine and Surgery; and the time and energy they have spent in acquiring these would have been more than sufficient in most cases to have procured for them the literary and law degrees. Besides this, many of the officers in the more favoured departments have no degree at all. Nor can the difference be explained by the market value of the different degrees, for the man who holds a medical degree can almost always make some sort of a living, whereas a large number of the other graduates, it is believed, earn little or nothing, even after they have qualified as pleaders. Theoretically they differ from the others in not being whole-time officer; but on the other hand, they are always liable for duty, and never have a holiday except when they are granted formal leave. To the casual observer medical officers of all classes may appear to be idle, because it may happen that they have little to do on certain days; but it is generally the case that they more than make up for this by working continuously at other times for days, or, it may be, for nights together.

17. Assistant Surgeons, again, are allowed to devote their spare time to private practice that is, the time which, in the case of any other officer, would be regarded as his necessary leisure. The profits from private practice are no doubt considerable in some few cases, when the Assistant Surgeon has had a chance of settling down for any length of time in a particular station; but in a large majority of cases, if not in all, they are not nearly sufficient to bring his emoluments into line with those of other services. If private practice was really so lucrative that it doubled or tripled a man's average pay throughout his service, then it would certainly not be worth his while to enter Government service at all, seeing that it prevents his settling anywhere for a continuous term, and at all times takes away the best part of his working day. Nor is the fact of a man being in Government service any longer a conspicuous advantage to him; for the public by this time knows very well that the best students do not favour Government service, and that the Government Assistant Surgeon is liable to transfer, so that his patients suffer from a frequent change of medical advisers. And, after all, a good deal of this private practice is very little else than a public duty, for certainly no Assistant Surgeon could refuse his assistance to anybody if it were demanded of him, specially in the case of the families of Government officials; and his fees are more or less controlled by Government, though on the other hand he often has great difficulty in recovering them. While it is assumed that the

Assistant Surgeon generally adds largely to his pay by private practice, a belief which is held to justify his low rate of pay, no sort of compensation is allowed him when the exigencies of the service deprive him of any opportunity of enjoying it.

18. It is difficult to justfy the low rate of the Assistant Surgeon's pay on the ground that many Assistant Surgeons are employed on duties that could be just as well performed by medical officers of a lower grade. The Committee have already proposed that Assistant Surgeons should be in many cases replaced by Hospital Assistants, though they do not pretend that the change will be free from drawbacks; but as long as Assistant Surgeons are placed in appointments where Hospital Assistants could fulfil the duties, they should not, it is urged, be underpaid merely because their attainments are greater than the appointment requires. In this connection, too, the superiority of the Assistant Surgeon in the matter of speaking English should not be overlooked. The actual medical duties of an appointment may be very simple, but circumstances may demand that the incumbent should be possessed of a practical knowledge of English, which cannot at present be guaranteed in any but the Assistant Surgeon class.

19. A very large number of students still enter the Medical College, but they do so because it is believed that anyone who obtains a medical qualification is sure of a living by private practice, and not because they hope to enter Government service. With the exception of the scholarships at the Medical College, and the low rates of the college fees, Government offers no special encouragement to the study of medicine in the English classes; whereas the high salaries in other departments are a strong inducement to men to pass the B.A. or the B.L. examination. A striking example of this has occurred in the case of a Muhammadan student of the Medical College, who passed the L.M.S. examination of the Calcutta University, and was offered Government service on unusually favourable terms, because it was proposed to appoint him at once and permanently to a station where a Muhammadan Assistant Surgeon was desired. Nevertheless he refused to take service in the Medical Department, and is now working for the B A. and B.L. degrees, in the hope of getting into the Subordinate Judicial Service. While, however, there is no diminution in the number of students at the Medical College, there is reason to fear that the quality is falling off, since only a small proportion succeed in passing out with degrees or licenses.

20. No doubt it is satisfactory to find that English medicine has so far made its way in in the estimation of the public that at the present low rates of college-fees, it pays students to learn its principles and practice, without the help of Government employment after they are qualified; still, a well-paid subordinate medical service would be of advantage in raising the quality of the students. At present it is only the determination of the Medical Examiners of the University to maintain their standards of qualification that prevents the L.M.S. diplomates sinking to a level very little above the better class of vernacular Hospital Assistants. Government no longer offers what may be called the market price for good Assistant Surgeon, and in consequence the average quality of the article is deteriorating, while a well-paid public service would effectually raise it.

21. Whatever difficulties there may be in the way of carrying out a general and large increase in the grade pay of Assistant Surgeons, such as would assimilate it in some measure to the pay to which they would be entitled in other departments of Government, it is the opinion of the Committee that until this can be done there will be no real contentment in the service, and the best students will avoid it even if all other grievances are removed. The removal of other grievances will be received with thankfulness by the present incumbents, but the service will continue to be looked upon as insufficiently paid. Even the most fortunate amongst them, the teachers at the Campbell School, are discontented, and have been so for years, and the case of the above-mentioned Muhammadan student, who refused Government service under the most advantageous conditions, shows that it is the grade pay that is at fault.

22. In addition to doing away with the 50-rupee rate of pay, which means practically increasing the pay of the lower grades for the first few years of their service, the Committee would also recommend that in many cases grade pay and allowances should be consolidated, so that the whole amount would be considered in calculating the pension. This might be done in the case of the Assistant to the Civil Surgeon of the 24-Parganas, the Demonstrator of Anatomy at the Medical College, the teachers at the schools at Patna, Dacca, and Cuttack, the Assistant Surgeon in charge of emigration at Goalundo, and some others, under the advice of the Inspector-General of Civil Hospitals. This would be a most popular measure, for at present it is only the teachers at the Campbell School and the Assistant to the Chemical Examiner who are allowed to take credit for full pay with allowances in the calculation of pension.

23. Should it not be possible to increase the grade pay of the service as at present constituted, and should the removal of other grievances not bring contentment, the Committee think that the only expedient then left would be to reduce the number of Assistant Surgeons as far as possible, and to aim at a smaller, and eventually a better paid service. They have already, in their first report, recommended that a number of Assistant Surgeons should be replaced by Hospital Assistants; and again, in this report, that municipalities should be allowed to engage their own medical officers, who would no longer belong to the Government service. In a subsequent report on the vernacular schools, they propose to recommend that special facilities be given to selected students of the Campbell and perhaps other vernacular schools to study for an additional term at the Medical College, with a view to their being admitted to the service as "additional Assistant Surgeons," without passing the F.A. or obtaining a University qualification. Such men would be far more competent than the least efficient of the Medical College students, and they would be contented with their position. The appointments of House Surgeons and House Physicians at the Medical College should be filled by selection from the best students of the College, who should be appointed as at present for two years on R100 a month, but without being compelled to join the service—in fact just as the present Registrar of the College Hospital is appointed. These officers would probably be willing later on to accept the posts of Demonstrator and Assistant Demonstrator in the anatomical department, and they would also form a useful body from which to select teachers for the vernacular schools. A small list of Assistant Surgeons would then be sufficient to fill the more important appointments in the mufassal dispensaries, which could not be given over to Hospital Assistants or to the above-mentioned "additional" Assistant Surgeons.

24. Under existing regulations the grade pay of an Assistant Surgeon rises from R100 by septennial increments to R150 and R200, subject to his passing an examination; so that a man of 14 years' service finds himself while still young without prospect of further improvement in his official position and without the stimulus to continued exertion which the hope of improvement affords. With some among them it is certainly the case that their interest in their work diminishes, and they deteriorate instead of improving. The Committee would suggest that a further increment of R50 should be given after a third septennial period, subject to the usual examination. They calculate that about 20 to 24 men only would attain to it, so that the extra expenditure involved would be R1,000 to R1,200 a month, a considerable portion of which would no doubt in the first instance have to be borne by Government. If, however, the proposals in paragraphs 26 and 27 are adopted, the greater part, if not the whole, of the increase would be provided for, and there can be no doubt that the concession would be very highly valued by the service. The men so qualified might be graded as senior Assistant Surgeons.

25. The next complaint, that they are no longer appointed to the Uncovenanted Service, would have little importance, were it not that this method of improving the Assistant Surgeon's position and prospects was proposed by the Government itself, and was promised to them in 1866 as a compensation for their low rate of pay (*vide* Financial Department No. 2068, dated 30th November 1866). Nor has the reason why Government has withdrawn this privilege ever been explained to them, the general belief being that the uncovenanted appointments intended for them are now reserved for Bengali students who have been to Europe and obtained a diploma. There are actually at the present time four Bengalis of this class in the Uncovenanted Service, two of whom were appointed so recently as 1893. The Committee have no reason to doubt the capacity and fitness of these particular men, and the general educational value of a visit to Europe is of course very high; but they are of opinion that an English qualification affords no proof that its possessor is superior in professional attainments to the Calcutta graduate or licentiate who has not been to Europe.

26. It is not the pay of such appointments that is coveted so much as the position of comparative independence that the uncovenanted officer enjoys when in charge of a civil station. What the Assistant Surgeons feel is that, though they hold diplomas and degrees which are said to be in no way inferior to European diplomas, they have no hope of ever rising to a position in which they are not directly subordinate to some other medical officer. The Committee are aware that it is the intention of Government to fill all the uncovenanted appointments with apothecaries, so as to maintain a reserve for war purposes; but as it is quite evident that for some time to come apothecaries will not be available in sufficient numbers for this purpose, they would recommend that for the present at least five of the smaller civil stations should be reserved for selected Assistant Surgeons. They would go further and say that these men could be very well utilised in war time, not necessarily on the field of battle, but in base

hospitals or depôts, or in taking the place of medical officers recalled for active service; and they believe that the army would gain by this arrangement.

27. The Committee do not, however, propose that the officers so selected should be made members of the Uncovenanted Service, but that they should receive a special allowance of R150 carrying pensionary rights, together with the usual local allowances. The average pay would be in round numbers R350; and as the average pay of an uncovenanted medical officer may be taken at R550, there would be a saving of $R200 \times 5 = 1{,}000$ to set against the increment recommended in paragraph 24.

28. The next grievance is a minor one, and concerns their treatment by Government officials and Municipal Commissioners, who in many cases, it is said, make use of the Assistant Surgeon exactly as if he were their personal servant, sending for him at all hours of the day or night, but neglecting afterwards to pay the fees to which the Assistant Surgeon is entitled for attendance on families. It is even alleged that any attempt on the Assistant Surgeon's part to recover his just dues is met by countercharges of neglect of duty, or inefficiency, and leads eventually to his disgrace. What the Assistant Surgeons ask is that they should be placed more directly under the orders of Civil Surgeons, and not be left so entirely at the mercy of subordinate officials of other departments. The Inspector-General of Civil Hospitals Panjab, informs the Committee that this is actually the case in the Panjab, and that consequently complaints of what he calls "bullying" are rare in that province. The difficulty in question is not, indeed, confined to Assistant Surgeons, for even European medical officers occasionally find it better to forego fees than to involve themselves in quarrels. With the latter, however, such cases are rare, because they have to do with men in higher positions. The Committee have no remedy to offer for this state of things, and only mention the subject because it is one of the matters constantly brought forward by Assistant Surgeons, and in order to point out that it largely affects the question of their earnings from private practice.

29. Even the plan of fixing the fees at so much a visit, which has been adopted in the case of the subordinate medical officers in charge of the establishments at Simla, seems to have no effect in preventing this sort of ill-treatment of Assistant Surgeons at the hands of unscrupulous officials of the lower grades. It is easy to say that the medical officer, if he does his work carefully and conscientiously, should be without fear and *without reproach*, but practically it is always possible to bring plausible charges of neglect and incompetence against any medical man, which it is very difficult for him to entirely refute. Any charge, however trivial, causes a certain amount of odium and doubt about his fitness for his office to cling to him, and repeated charges of this kind are likely to lead to his being set down as at least a troublesome person, and to end in his removal from his station.

30. The appointment of an outside practitioner to the post of Registrar to the Medical College Hospital is not a matter that has been advanced by the Assistant Surgeons as a grievance; but it appears to the Committee to require consideration, in that it certainly affects their interests. The post is one that will always attract a first-rate student, because it keeps him in Calcutta and about the hospital, so that he can study for the higher degree and at the same time make a name for himself as a practitioner. In these respects it resembles the House appointments of the hospital. No doubt it is to the advantage of the hospital that the Registrarship should be filled by the best passed student procurable, and such a man may be unwilling to enter Government service; but the same may be said of the appointments of House Surgeons and House Physicians, and every argument in favour of appointing an outsider to be Registrar would apply equally to the latter appointments. If, as we have already explained, it becomes necessary to break up the service, or to reduce its numbers, in such a case all these House appointments and the Registrarship would have to be filled by the best passed students of the College, irrespectively of their willingness to enter Government service, because the work of the hospital could hardly be carried on with inferior men. This may indeed become necessary in the future if the unpopularity of the service increases to such an extent that good men refuse even the House appointments, if coupled with the condition of accepting Government service. But that time has not quite arrived; and so long as the service is constituted as at present, the post of Registrar, like those of House Surgeons and Physicians, should be reserved for the service. To put an outsider, who boasts of having refused Government service, into one of the most comfortable and honourable staff appointments of the hospital is certainly not the way to encourage recruiting, and must excite jealousy and regret in the minds of the House Surgeons and Physicians. The appointment of Registrar should generally be filled, as is done in English hospitals, by a man who has distinguished himself in one of the House appointments, and in this way it would form a most useful stimulus to zeal on the part of the House Surgeons and Physicians.

31. We now proceed to consider the question of compelling students to sign bonds that they will enter the Government service. The Government of India, in letter No. 532, dated the 31st of August 1893, have directed that no student of a vernacular school shall obtain State aid (which has been explained to mean scholarships) without the antecedent execution of an agreement to enter the service of Government if called upon to do so; and it is suggested that a similar rule might be enforced in the case of the students at the Medical College. The picture which, from the third paragraph of their letter, the Government appear to have in mind is that of a large body of students anxious to enter the service; a certain number of whom, according to the requirements of the service, are to be selected and granted scholarships on condition of signing a bond which will guarantee the Government from loss if they should happen to change their minds at the end of their course of study. Such a picture is very different from the existing reality; and when recruits for the service are required, the Principal of the College has to send for the men who have recently qualified, and persuade them to take Government service if he can. Really good students will as a rule only agree to do so when they can be promised an immediate appointment as House Surgeon or House Physician at the College Hospital; while even those of inferior capacity only apply for service after the failure of their first efforts to get private practice. It is improbable that any of the students would sign the bond at the commencement of their studies, except either the very needy, or a few idle men who hope to secure permanent employment with the least possible trouble. The end of it would probably be that the Government would still be compelled either to persuade passed students to enter the service, even although they had refused to sign the bond, or to accept the services of the idle and worthless, supposing these latter had managed to scrape through the University examinations. This would be a most undesirable and embarrassing situation. That such would probably be the result is shown by the experience of enforcing the bond system at the Campbell Vernacular School during the past two years. It is also the result anticipated by the Professors at the Medical College (*vide* their opinions submitted to the Director of Public Instruction), although most of them had no knowledge of the experiment at the Campbell School.

32. Nor does the proposal of the Superintendent of the Campbell School, to give the scholarships in a lump sum, at the end of their school course, to students who are willing to enter Government service, commend itself to the Committee, because the same sum would have to be given to good and bad students alike. It would be absurd to give the same deferred scholarship to one man who was driven into the service by starvation, and to another who was a distinguished student and entered the service for the sake of holding a hospital appointment. In fact such bonuses could not be called scholarships at all.

33. The Professors of the Medical College, while agreeing that it is not advisable to enforce a bond upon scholars, propose to abolish scholarships altogether as being no longer necessary. It is possible that this proposal may have partly arisen from a not unnatural desire to reduce the numbers in the College classes, which are at present somewhat larger than is altogether convenient; but the Committee think with the Director of Public Instruction that the scholarships should be offered with the view simply of attracting a good class of students, and thus raising the standard of learning. This is the more necessary because, as they have already pointed out, the scholarships are the only visible encouragement the Government now offers to higher medical education. The low rate of the college fees attracts all students, good and bad alike, and affords no special encouragement to learning and diligence. In short, the Committee hope that the Government may be able to continue the scholarships on their present footing, and would emphasise the fact that the College was instituted originally with a view to instructing the natives of Bengal in a rational system of medicine which private practitioners would carry all over the Province, and not merely as a training ground for Assistant Surgeons in Government service.

34. Briefly summarised, the recommendations of the Committee are—

I.—That unemployed pay should be abolished, and third-grade Assistant Surgeons be allowed their grade pay from the date of admission into the service.

II.—That transfers on promotion should cease, Government paying the difference in cases where the Municipality cannot or will not do so.

III.—That in certain appointments the grade pay and allowances be constituted so as to carry pensionary rights.

IV.—That a further increase of R50 per mensem be made at the end of 21 years' service, subject to the usual professional examination; successful candidates to be graded as senior Assistant Surgeons.

V.—That a few of the smaller civil stations be reserved for Assistant Surgeons with a charge allowance of R150 carrying pensionary rights.

VI.—That no bond be exacted from students of the Medical College.

VII.—That the present system of scholarships be maintained.

The Committee believe that their recommendations would, if adopted, involve little or no increased cost to Government, and would go far to satisfy the service and induce a better class of men to seek for employment under Government. They consider, however, that to make the service thoroughly popular and attract the best men, the grade pay should also be raised at least R50 all round. Under existing financial conditions, however, they abstain from recommending this increase.

NOTE A.

...	Total income of year, excluding opening balance during 1892-93.	Expenditure in hospitals, dispensaries, and vaccination during 1892-93.	Percentage on income.
1	2	3	4
	R	R	
Burdwan	1,13,562	8,014	7·05
Raniganj	24,837	1,608	6·47
Midnapore	63,025	7,964	12·63
Tamluk	5,779	1,070	18·51
Ghatal	5,773	997	17·27
Uttarpara	14,199	2,065	14·54
Barasat	8,644	903	10·44
Satkhira	4,157	933	22·44
Krishnagar	27,137	4,431	16·32
Jessore	15,738	2,819	17·91
Berhampore	37,706	3,611	9·57
City Murshidabad or Lalbagh	28,689	5,169	18·01
Jangipur	9,637	1,835	19·04
Rampur Boalia	36,842	3,462	9·39
Nator	14,015	2,165	15·44
Sriajganj	17,423	2,891	16·59
Puri	45,255	4,218	9·32
Mymensingh	...	...	...
Hybutnagar	...	...	...
Madaripur	7,881	1,383	17·54
Barisal	28,906	5,052	17·47
Bankipore	...	...	...
Patna City	1,44,123	14,852	10·30
Barh	5,672	2,697	47·54
Bihar	13,704	2,468	18·00
Chittagong	43,567	6,949	15·95
Gaya	68,412	9,969	14·57
Arrah	43,862	4,365	9·95
Sasaram	15,406	2,873	18·64
Muzuffarpur	40,992	5,865	14·30
Madhubani	10,862	2,900	26·69
Chapra	46,556	7,381	15·85
Siwan	9,233	1,436	15·55
Motihari	14,379	2,685	18·67
Bettiah	13,912	4,038	29·02
Monghyr	46,974	9,836	20·93
Bhagalpur	83,770	6,194	7·39
Kishanganj	8,520	1,063	12·47

NOTE B.

To His Excellency the Viceroy and Governor-General of India.

The humble memorial of the undersigned Assistant Surgeon * * *

MOST RESPECTFULLY SHEWETH,

THAT your Excellency's memorialist is an Assistant Surgeon in the service of Government and now employed as Medical Officer of * * * * drawing a salary of R150, *plus* the special local allowance of R50 per month, after 13 years' service.

2. That your memorialist entered Government service on R50 per month, and after two years' supernumerary duties was confirmed in the third grade with a salary of R100 per month, and has only two promotions to look up to, each after a period of seven years' approved service and a searching professional examination, but carrying with it no more than R50 in the salary. The highest pay he can thus aspire to is R200 a month without any further hope of increase, though he may continue to serve in the highest grade for 16 years or more. This scale of pay, he humbly submits, is altogether inadequate to meet his ordinary wants in life.

The prospect of gain from private practice is here entirely *nil.*

3. That the wants, claims and grievances of the class of public servants to which your memorialist belongs, have unfortunately received no adequate consideration from Government or from the Public Service Commission that has just finished its works. The scale of their salaries laid down in a graduated form in 1835, *i.e.*, more than half a century ago, has had no subsequent revision or alterations although their duties have gradually expanded, and although the cost of living and other expenses have considerably increased.

4. That your Excellency's memorialist cannot but feel that though he obtained his professional diploma after a prolonged and arduous course of training and after two very severe University examinations, though he is a member of a learned profession, and though he is in an honourable department of the public service and has the same social position as members of the Uncovenanted Judicial and Executive Services, his pay and prospect are much inferior to those of other departments of Government service, as will be seen at a glance from the following statement:—

Service.	Entrance qualification.	Period of college study.	Examination.	Emoluments.
1	2	3	4	5
				R R
Deputy Magistrates	......	No definite period.	1	200 to 800
Munsifs and Sub-Judges	F.A.	4 years	2	200 to 1,000
Assistant Engineers	Entrance (University) examination.	5 ditto	2	250 to 500
Accountants, Public Works Department.	A little preliminary training for the Department which can be acquired without studying in a college.	...	1	80 to 400
Subordinate Educational Service.	University, F.A., B.A., or M.A.	...	...	50 to 500
Medical: Apothecary	Preliminary examination lower than University Entrance examination.	3 years	1	80 to 400
Medical: Assistant Surgeons	F.A.	5 ditto	2	50 to 200

5. That the recent Circular No. 1-T.M., dated Darjeeling, the 26th May 1887, from the Government of Bengal, has in no way improved the prospects of Assistant Surgeons in charge of dispensaries supported by Municipalities. An Assistant Surgeon after successfully passing a septennial examination is entitled to the pay of the next higher grade; but according to this circular the question of increased rate of pay is left to the discretion of the Municipalities, and, as a matter of fact, they very often refuse it: he has therefore either to remain content with the pay of his lower grade or take the chance of being kept in the supernumerary or unemployed list for an indefinite period with officiating appointments of short duration at

intervals in different parts of the province. In the event of an Assistant Surgeon's not choosing to accept the pay of the inferior grade, Government has to bear the entire burden of his pay, and it would be economical to the Government and advantageous to the Assistant Surgeon if it were simply to grant him the difference of pay in the two grades without removing him from his appointment in the Municipality.

6. That the Governor-General in Council was pleased to observe in Financial Resolution No. 2086 of the 30th November 1866, that "their selection by the Local Government for these civil medical charges will improve the position and prospects of Sub-Assistant Surgeons, though their pay in the mere grade, *i.e.*, for the mere duties of Sub-Assistant Surgeons, be not increased."

7. That the fitness of Assistant Surgeons to hold independent charge of civil stations was recognised long ago (Home Department No. 1983, dated 21st October 1859), and four of them were promoted to the rank of uncovenanted medical officers, all of whom died long ago. Since then, however, no Assistant Surgeon has been permanently promoted to that rank, though several of them have officiated for considerable periods to the entire satisfaction of their superiors—a fact which proves their competency to hold such posts permanently.

Apothecaries who are admittedly inferior in rank and education to your memorialist (G. O. G. G. No. 550, dated 15th June 1868, paragraph 469) much more frequently obtain independent medical charges of civil stations to the supersession of the class of officers to which your memorialist belongs.

8. That the only offices open to your memorialist are the teacherships in medical schools which carry with them a staff allowance of R50 to R150 a month, but the emoluments he might get in the highest grade of this department fall short of those of other uncovenanted services and even of senior apothecaries.

9. That your Excellency's memorialist therefore humbly hopes and prays that your Excellency will be graciously pleased to take this memorial into favourable consideration and grant him some increase of pay and permanent independent charge of a small civil station if he proves himself worthy of the same by virtue of meritorious service.

And your Excellency's memorialist, as in duty bound, shall ever pray.

DEMAGIRI,
The 9th February 1888.

No. 5. From J. P. HEWETT, Esq., C.I.E., Officiating Secretary to the Government of India, to the Secretary to the Government of Bengal, Municipal (Medical) Department,—No. 671, dated the 20th September 1895.

I am directed to acknowledge the receipt of Mr. Bourdillon's letter No. 773 (Medical), dated the 27th February 1895, and your subsequent reminder No. 3435 (Medical), dated the 24th August 1895, relating to the report on the pay, position and prospects of Civil Assistant Surgeons in Bengal, submitted by the Committee originally appointed by His Honour the Lieutenant-Governor to consider the pay, etc., of Civil Hospital Assistants.

2. Mr. Bourdillon's letter deals with the several proposals made by the Committee for improving the status of Assistant Surgeons but only asks for the orders of the Government of India on the first and fifth of those proposals. The Government of India are, however, as indicated by the reference to previous correspondence contained in the second paragraph of Mr. Bourdillon's letter under reply, interested in all of the recommendations of the Committee, and I am accordingly to convey the following observations upon them.

3. The Committee's recommendations are seven, *viz.*,—

I.—That unemployed pay should be abolished, and that third grade Assistant Surgeons should be allowed their grade pay from the date of admission into the service.

II.—That transfers on promotion should cease, Government paying the difference in pay resulting from the promotion in cases where the Municipality cannot or will not do so.

III.—That in certain specified appointments grade pay and allowances should be consolidated so as to carry pensionary rights.

IV.—That a further increase of R50 per mensem should be granted at the end of 21 years' service, subject to the usual professional examination; successful candidates to be graded as Senior Assistant Surgeons.

V.—That a few of the smaller civil stations should be reserved for Assistant Surgeons with a charge allowance of R150 carrying pensionary rights.

VI.—That no bond should be exacted from students of the Medical College.

VII.—That the present system of scholarships should be maintained.

4. The Government of India concur in the views expressed by His Honour the Lieutenant-Governor on proposals III, VI and VII. It appears to the Governor General in Council that the grievance which suggestion I is designed to remove would not have arisen in Bengal if care had been taken in the recruitment of Assistant Surgeons, and so far as His Excellency in Council is aware, it does not exist, except to a very slight degree, in other Provinces. Under the orders contained in the letter from this Office No. 591, dated the 21st September 1891, paragraph 3, unemployed pay is now given to Assistant Surgeons only when they have no temporary or permanent charges and are merely attached to hospitals or on similar duty. The number of Assistant Surgeons on unemployed pay would, if the service were carefully recruited, be very small, and it will be necessary, if the proposal to abolish unemployed pay altogether except as a punishment is sanctioned, that greater care should be exercised in the matter of recruitment. Before passing final orders on this question the Government of India would be glad to be informed of the actual extra cost which will be involved by this proposal after making allowance for the consideration above stated. Other Local Governments will also be consulted on the subject and asked for a similar estimate.

5. The second proposal relates to the transfer on promotion of Assistant Surgeons employed under Municipalities in consequence of the refusal or inability of such bodies to meet the increased rate of pay that falls due to an Assistant Surgeon on promotion to a higher grade. The remarks of the Committee on this question are contained in paragraphs 10 to 14 of their report. In paragraph 10, reference is made to the fact that not long ago, 13 Assistant Surgeons of the first grade and 11 of the second grade were without permanent appointments, owing apparently to the refusal of local bodies to grant them the higher rates of pay, while in paragraph 11 an instance is given of an Assistant Surgeon who had to forego his increase of pay in order to remain in his original appointment. In paragraph 5 of Mr. Bourdillon's letter it is observed that the necessity of providing against the transfer of medical officers in charge of local fund dispensaries has been recognized by the Local Government, and that to this end effect has been given to a policy of meeting from Provincial revenues, the increased pay to which an Assistant Surgeon in charge of a local fund dispensary becomes entitled on promotion to a higher grade in cases where the local body is really unable to meet it through financial pressure and not through perversity. The circumstances stated above seem to the Government of India to indicate that this rule is not likely to work smoothly in all cases, especially in those in which a municipality or local body may be opposed to the retention of the services of a particular Assistant Surgeon. In paragraphs 12 and 14 of the Committee's report two alternative solutions of this difficulty are suggested. The first plan is that all Municipalities requiring such officers should contribute to Government the average pay of an Assistant Surgeon, the Government undertaking in return to provide them with an Assistant Surgeon and to pay him his grade pay whatever it may be. The second alternative is that Municipalities should make their own arrangements for Medical officers in the same manner as District Boards arrange for teachers when Zilla schools are made over to them. The latter suggestion is open to objection from several points of view of which the principal are that it is believed that the best men do not offer themselves for employment under local bodies; that when so employed they have no incentive to work and may be supported by the members of a local Committee even though their work may not be satisfactory; that they are not under any form of control or discipline, and are not available to fill vacancies occasioned by the employment of commissioned officers required for field service. The Government of India understand that the extent to which local bodies already entertain medical subordinates not in Government service constitutes one of the main difficulties of medical administration in Lower Bengal and has helped, as much as anything, to make the working of dispensaries in that Province less satisfactory than in other Provinces. The first plan referred to above has already been approved in paragraph 5 of the letter from this Office, No. 678 of the 31st October 1894, and it appears to His Excellency in Council to be both practical and expedient. I am to request that, with the permission of His Honour the Lieutenant-Governor, steps may be taken to give effect to it in Lower Bengal.

6. The fourth proposal of the Committee is that an increase of R50 per mensem should be granted to Assistant Surgeons at the end of 21 years' service after a successful examination, and that such men should at the same time be graded as Senior Assistant Surgeons. The Governor General in Council is, I am to say, anxious, if this can be effected without prohibitive cost, to improve the prospects of Assistant Surgeons so as to render their appointments more likely than at present to attract the best men available. His Excellency in Council recognises that Assistant Surgeons are as a body useful and zealous public servants, for an improvement in whose position good cause has been shown. While the Committee's proposal would in a measure ameliorate the prospects of Assistant Surgeons as a class, it seems to the Government of India to be imperfect, and they are inclined to think that a scheme on the following lines would be more likely to afford the additional attractions which appear to be necessary in order to place the service on a satisfactory footing. The scheme which has been suggested provides for the division of Assistant Surgeons into four grades on R100, R150, R200 and R300 a month respectively. If unemployed pay is abolished, the pay of R100 would be drawn continuously from the date on which an Assistant Surgeon enters the service. Promotion to the grade of R150 would be made after seven years' service subject to the usual examination. After 14 years' service there would be a second examination, to which only those considered by the Inspector-General of Civil Hospitals fit for promotion would be admitted, while promotion from the grade on R200 to that on R300 would be made entirely by selection and without any further examination, but subject to a minimum of seven years' service in the lower grade. The subsequent advancement of an Assistant Surgeon to the Uncovenanted Medical Service would depend, as at present, on exceptional qualifications and ability. In order to meet, as far as practicable, the expenditure involved in this proposal without incurring additional expense, it would apparently be necessary to impose some limit on promotions from the first grade to the senior grade, and it has to be remembered that, to meet the additional charge involved in one promotion from the grade on R200 to the proposed senior grade on R300, two promotions from the grade on R150 to R200 would have to be suppressed. I am to request that the Government of India may be favoured with the views of His Honour the Lieutenant-Governor on the scheme above referred to, together with an approximate estimate of the cost of inaugurating it as compared with that of the present establishment of Assistant Surgeons in Bengal.

7. In their fifth proposal the Committee recommended that a few of the smaller civil station in Bengal should be reserved for Assistant Surgeons on a consolidated salary of R350 a month, and the Government of Bengal ask for sanction to the appointment of Assistant Surgeons to five such stations. While the Governor General in Council is unable to admit that the Government can be charged, as appears to have been stated by the Committee, with not having carried out any promises held out to Assistant Surgeons in this respect in the past, His Excellency in Council sees no objection to the proposal of the Committee that a certain number of Assistant Surgeons should be admitted to the Uncovenanted Medical Service, if this can be arranged with special regard to the necessity for reserving the majority of these appointments for Commissioned Medical Officers and Military Assistant Surgeons. That Assistant Surgeons have been frequently appointed to hold temporary charge of civil stations, is exemplified by the statement made in the letter from the Government of Bengal, No. 901, dated the 1st May 1891, to the effect that, owing to the short supply of Commissioned and Uncovenanted Officers, so many as ten civil stations were officered by Assistant Surgeons. The reserve of Assistant Surgeons was also increased from 15 to 20 per cent. to provide a sufficient number of such officers to take up independent charges during the leave season. It has been the policy of the Government of India, in accordance with the rules circulated with Home Department letter Nos. 1—77-84, dated the 17th March 1885, to exercise great care in the selection of Assistant Surgeons for appointment to the Uncovenanted Medical Service. The Government of India do not think it would be advisable, even if it be possible, to fix any particular station or stations as charges to be held by Assistant Surgeons as proposed by the Government of Bengal, but they are prepared to approve of the proposals of the Committee that Assistant Surgeons shall be entitled to be appointed as Uncovenanted Medical Officers to the charge of a certain number of stations in Bengal if this can be arranged with due regard to the number of Civil Surgeoncies reserved for Commissioned Medical Officers and the number about to be reserved for Military Assistant Surgeons. I am to invite a reference to Mr. Risley's letter No. 639-T.M., dated the 26th September 1892, with which, in reply to the letter from this Department, No. 275 (Medical), dated the 21st May 1892, you forward a list of 19 appointments which His Honour the Lieutenant-Governor proposed might be made available for Military Assistant Surgeons. A communication on the subject of those appoint-

ments will shortly be made to the Government of Bengal, but in the meantime I am to request that, in considering the question of the number of such appointments (if any) available for Civil Assistant Surgeons, regard may be had also to the absolute necessity for reserving a certain number of these appointments for Commissioned Medical Officers.

From J. P. HEWETT, Esq., C.I.E., Officiating Secretary to the Government of India, to the Chief Secretaries to the Governments of Madras, Bombay, North-Western Provinces and Oudh, and the Punjab, and the Chief Commissioners of the Central Provinces, Burma, and Assam, No. 12 Medical—663-669, dated the 20th September 1895. No 6.

I am directed to forward a copy of a letter from the Government of Bengal, No. 773 (Medical), dated the 27th February 1895, with a copy of the report of the Committee directed by His Honour the Lieutenant-Governor to enquire into the status of Civil Assistant Surgeons in Bengal and a copy of the orders of the Government of India on the subject.

2. I am to invite attention to paragraphs 4, 6 and 7 of the letter from the Government of India, No. 671, dated the 20th September 1895, which deal with the proposals of the Committee numbered I, IV and V, and which express the views of the Government of India, as at present advised, upon those questions, namely,—

(1) the abolition of the unemployed pay of Assistant Surgeons except as a punishment;

(2) a scheme under which it is proposed to improve the status and pay of Assistant Surgeons, and

(3) a proposal that a certain number of class II Civil Surgeoncies should be reserved for such efficers in each Province at the rates of pay allowed to Uncovenanted Medical Officers.

3. I am to request that, with the permission of His Excellency the Governor in Council / His Honour the Lieutenant-Governor (and Chief Commissioner), the Governor General in Council may be fovoured with the views of the Govt. of Madras, Bombay, etc. / your views on the proposals referred to at (1) and (2) above, and to request that the Government of India may be furnished with estimates of the cost of the introduction of similar changes in the manner explained into the Madras / Bombay Presidency / the North-Western Provinces and Oudh, etc.

4. With regard to the proposal to reserve a certain number of class II Civil Stations for Civil Assistant Surgeons at rates of pay admissible to Uncovenanted Medical Officers, I am to explain that it is intimately connected with the proposal for a war reserve of Military Assistant Surgeons which was dealt with in the circular from this office, No. 281/282/276/277/278/279/280, dated the 21st May 1892. It is proposed, without interfering with the number of appointments wich must be reserved for Military Assistant Surgeons under that scheme, regarding which a communication will shortly be made, to set aside a few appointments to which deserving Civil Assistant Surgeons, selected where available in the manner explained in the letter to the Government of Bengal and referred to in the second paragraph of this letter may be appointed. [Under the orders contained in the letter from this office, No. 415, dated the 7th June 1895, two Civil Assistant Surgeons have already been admitted into the Uncovenanted Medical Service and are now holding class II appointments. I am to enquire whether His Honour the Lieutenant-Governor has any objection to two appointments being in future reserved for Civil Assistant Surgeons in the Punjab, and, if not, what number he would be willing to reserve.] [To Punjab only.] (I am to enquire whether His Excellency the Governor in Council / His Honour the Lieutenant-Governor (and Chief Commissioner) / you has / have any objection to such appointments being reserved for Civil Assistant Surgeons, and, if not, what number the Government of Madras / Bombay, etc. would be willing to reserve. (Omit in letter to Punjab.)

No. 7. From J. DeC. Atkins, Esq., I.C.S., Secretary to the Government of Bombay, General Department, to the Secretary to the Government of India, Home Department,—No. 3594, dated the 14th August 1896.

With reference to Rule IV of the rules for the transmission of memorials to Her Majesty's Government, I am directed to forward herewith, for submission to Her Majesty's Secretary of State for India, a memorial dated the 14th instant, from the Chairman and Secretaries of the Committee appointed at a public meeting held in Bombay on the 15th April 1896, in connection with the question of the separation of the Civil Branch of the Indian Medical Service from the Military. I am to add that the memorial is being scrutinized and that a further communication on the subject will be forwarded at an early date.

No. 8. Memorial addressed to the Secretary of State by the Chairman and Secretaries of the Committee appointed to consider the question of the separation of the Civil Branch of the Indian Medical Service from the Military.

May it please Your Lordship,—We the Chairman and Secretaries of the Committee appointed at a public meeting of the inhabitants of Bómbay held on 15th April 1896, humbly beg to submit this memorial for the favourable consideration of Your Lordship in Council, in accordance with a resolution in that behalf unanimously passsd at such meeting.

2. The object and purpose of the memorial are respectfully to solicit the attention of Your Lordship in Council to the grave and undoubted anomalies and evils of the present system of medical administration of the country, and to plead for a scheme of reform based on the lines of (*a*) throwing open the higher grade appointments in the departments of education, sanitation, special science, and medical relief to proved merit and ability in the ranks of the open profession of medicine instead of reserving them, as is now done, for the members of a particular service and giving them away, irrespective of fitness and merit; and (*b*) the amalgamation of the two military services—the Army and the Indian Medical—so as to do away with the present inefficient and extravagant double system.

3. We respectfully submit that the present system consisting, as it does, of two distinct military medical services, with separate enlistments and partly mixed and partly distinct organizations and which rigidly reserves for the Military members of the Indian Medical Service all the higher and coveted appointments, and as rigidly excludes the open profession of medicine therefrom, is indefensible in principle and mischievous in practice, is cumbrous and inordinately expensive, is unjust and derogatory to the profession as a whole, and especially to the graduates of the Indian universities, and is opposed to the declared and avowed policy of Government in founding and maintaining medical schools and colleges. We submit further that the time has come for a thorough and careful consideration of the whole of this most important subject in a sympathetic and statesmanlike spirit, uninfluenced by any considerations other than those of efficiency and economy, the interests of the public, and the cause of science. We venture to think that it will not be difficult to devise and carry into effect a practical and comprehensive scheme of reform calculated to remove the serious evils of the present system, and at the same time to afford a very substantial relief to the Indian treasury.

4. The principle of having regard solely to scientific and academic claims and qualification, irrespective of the interests or supposed claims of any particular class or service, in making important educational appointments, has, from the earliest times, met with cordial recognition. Equally emphatic and unmistakable has been the recognition of the fact that our medical schools and colleges were established and ought to be maintained, as purely educational institutions. Be it gratefully acknowledged to the honour of the eminent and enlightened members of the very service in whose interest an undesirable monopoly is attempted to be justified and perpetuated, that these members themselves were the most ardent advocates of these principles and aims, and that their advocacy was maintained in face of powerful official pressure so far back as 1868, when the local medical profession had not attained the importance and position it now holds, and did not include in its ranks persons trained in European schools and colleges, and the conditions of service in the country were very different for what they now are.

5. Early in the year 1868, it was proposed by the Government of India to attach certain chairs in the medical colleges to appointments held by certain officers of the military medical service, and to attach duties to certain full professorships in addition to the legitimate work of those posts. When the subject came up for discussion before the Medical Faculty of the

Bombay University, the college professors, who were themselves members of the service, firmly and vigorously resisted the attempt to introduce a system, under which the essential considerations of scientific merit and ability would be wholly discarded or subordinated to secondary considerations. They emphatically pronounced against the proposal as destructive of the system of selection to the college chairs, encouraging a perfunctory discharge of professorial duties, invading the authority of the Principal of the college over its internal discipline and his privilege of recommendation to the chairs, subverting the control of the Director of Public Instruction over one of the most important educational institutions in his department, and weakening academical tie between the university and the college. It was accordingly resolved that all professors should be chosen for their scientific claims alone, and that they should be selected from the medical services from Europe or from any other service, and should continue to be under the immediate control of the Principal.

6. It was these distinguished members of the Military service again who, rising superior to considerations of class, claims, and interests, and appreciating, in a spirit of statesmanlike enlightenment, the real aims and objects with which the medical colleges were established, resolutely stood up for the maintenance of these institutions as efficient and high-class schools of education alone. They vehemently protested against the insinuation of the Director of Public Instruction that the colleges were but so many appendages of the military medical department, and declined to allow the paramount question to be hampered by any irrelevant considerations of the interests of the military service of Government, adding very pertinently that it was as difficult to make professors of certain arbitrarily-named military officers as it was easy to order them to be made. The protest so raised by the Principal and Professors of Grant Medical College, including Dr. (now Sir William Guyer) Hunter was considered by Government to be of sufficient importance to require the issue of a resolution pointing out that the Director of Public Instruction was under a misapprehension in supposing that those connected with the college looked on it in any other light than as an educational institution, and that in that light, and no other, it was the desire of Government that it should continue to be viewed. Referring to the establishment of the Grant Medical College at Bombay, an eminent and distinguished man (Sir Erskine Perry) observed that the college was not founded for any Government or executive wants, and that the great object of the State was, not only to supplant the ignorant *hakims* and *vaide* by dispensary doctors taught in the English language, but also to provide opportunities of promoting the diffusion of knowledge and the increase of happiness throughout India. It was further pointed out that the more thoroughly and highly the graduates of the college were trained (by the opportunities of self-improvement which teaching and actual scientific work afford), the more certainly would the object for which the college was founded be attained.

7. We submit that the adoption and recognition of any other standard than that of merit and fitness, and of the best men being selected from whatever quarter they may offer themselves, is at variance with the progressive and enlightened instincts of the times, inconsistent with the securing of efficiency and a high scientific character for our medical schools, and subversive of the highest interests of the profession and the public. We submit that the principle of a too rigid reservation of high and important appointments for a particular class is in itself undesirable and inexpedient. It could not have been in any disparagement of his own service that Dr. H. V. Carter, himself one of the most eminent of the Indian Medical Service and Principal of the Grant Medical College, so late as 1888 gave it as his deliberate opinion that the Indian Medical Service did not offer a wide enough field for the selection of professors to the college and the attached hospital. We submit further that the objects with which the medical colleges in the country were founded and for which Government avowedly desire them to be maintained, cannot be attained by regarding these institutions and the hospitals attached to them, as is now done, as supplying so called, but illusory 'reserves' for military purposes; nor can the high scientific character and the general efficiency of colleges and hospitals be secured or augmented, or the diffusion of medical knowledge stimulated, by any hard-and-fast reservation of high educational appointments for members of a particular service regardless of fitness or merit, and the equally rigid exclusion of outsiders, however high or undoubted their attainments and claims.

8. Not only is the present system mischievous as perpetuating the evils of a monopoly, but it accentuates the evils by regarding the nearest available Indian Medical Service man as fit for any office to which the exigencies of the service, as it is said, may require him to be posted, without regard to the necessary knowledge and training. In commenting on this aspect of the subject, Mr. Ernest Hart—a no mean authority—recently remarked: "The system whereby the Indian Medical Service man is supposed by Government to be fit for any post—be it that

of a professor of any medical or scientific subject, or Sanitary Commissioner, or Chemical Analyser, or a Political Agent, or the Superintendent of a Lunatic Asylum—is fraught with evils and anomalies inherent to all such systems as subordinate, if not altogether discard, the principle of merit and special training being the only qualifications for posts requiring special knowledge, capacity, and work—systems which provide, not men for posts but posts for men." This feature of the question was very strikingly exemplified in connection with the recent appointment of Chemical Analyser to the Bombay Government. The Assistant Chemical Analyser, who, in addition to high academic and professional qualifications, had acquired the special knowledge and practical training essential for the proper discharge of the duties of the office of Chemical Analyser by successful service in the department itself, extending over thirteen years, was declared to be disqualified from aspiring to, or holding that post, even for the brief period of three months during the absence on leave of the permanent incumbent, because he was not a member of the covenanted medical service, for which the appointment was supposed to be exclusively reserved. The result was that the nearest Indian Medical Service man available, who, whatever else he was, was admittedly not a trained or qualified analyst was appointed to the post, to the prejudice of an important department intimately connected with and affecting the interests of the public. It is scarcely to be wondered at that a department worked with so little regard to the necessary special knowledge and training should be visited with such criticism as Dr. Voelker lately pronounced on it. In his official report submitted to the Government of India, that competent critic says that our chemical analysers have had "nothing more than the class instruction in chemistry, and the test-tube experience of the ordinary medical student, and the result is that the man bungles on at first doing the best he can, and if he be a man of ability, in course of time he gets to know how to deal with the usual run of things submitted to him and what he does not know, he finds out from books." The same system is responsible, not only for such haphazard appointments but for constant changes of professors in the colleges and hospitals at the direction of the Military Surgeon General, to the prejudice and disorganization of teaching and discipline, and to the same cause is due the fact that the same professor is called upon to undertake the most varying duties and to change his subjects at a moment's notice, with the result that, as Principal Gray, himself an ardent advocate of the existing monopoly, remarked in his report to Government for 1889: "It has often happened that just as a professor became expert in one subject, he was suddenly called upon to teach another of which he had a comparatively inferior knowledge. This practice undoubtedly led in too many instances to inefficient teaching." It must necessarily follow that under such a system both continuity and efficiency of teaching must be seriously impaired, and scientific work altogether discouraged.

9. Another objection to the existing system no less worthy of serious consideration is the great and undeserved injustice and indignity it inflicts on the whole of the profession outside the small circle of the covenanted military service, and especially on the graduates of our universities. These are rigidly and absolutely excluded from all the higher appointments, the only places to which the locally-trained graduates might aspire being the subordinate places of Assistant Surgeons worth R100 rising to R200 after 25 years of service; for so great is the desire to extend the unreal "civil reserves", that the military service constantly encroaches upon and absorbs civil posts intended and created for the members of the uncovenanted service for encouragement and recognition of merit and ability outside the military service. In the Western Presidency alone, no less than six Civil Surgeoncies should have been held by uncovenanted officers according to the finding of the Finance Committee, but only one was actually held, and, when the Jail Department was reorganized with a view to economy, the Indian treasury was sought to be relieved by increasing the number of covenanted medical officers and absorbing all places held by uncovenanted officers whose scale of pay is R350 rising to R750, while the scale of the covenanted officers is R500 to R2,500. Thus, instead of gradually expanding the uncovenanted medical service, both injustice to the local profession and in the interests of efficient and economic administration, the service has practically been turned into a dead letter.

10. We need scarcely point out that this feature of the case is a source of great disappointment to our graduates and to the profession at large. In every civilised country the rights and claims of the alumni of its own colleges and university to educational appointments and preferment in these institutions are cordially recognised and given effect to, and no medical school in the civilised world has so absolutely and persistently closed against its own alumni the avenues to its appointments as has been done in this country. Such a monopoly is inconsistent, moreover, with the practice of making appointments in other branches of the public service which are not reserved for any class or service, but are made by the Secretary of State from the most eligible candidates. It is also worthy of note as a result of the undesirable

working of the present system, that while in the sister faculties, it is open to graduates with only Indian training to rise to the highest eminence in the profession, for example, as High Court Judges, Executive Engineers, Revenue Collectors, and College Professors by force of ability and merit alone, graduates in medicine, with equal attainments in their own line must be content to begin and end as Assistant Surgeons on R100 to R200, however high their qualifications.

11. We may be permitted now briefly to notice the contention put forward in justification of the present mode of reserving the college and hospital appointments for members of the Indian Medical Service, based on the supposed necessity of providing military 'reserves' in civil employ to meet imperial contingencies. We venture to say that the contention is fallacious and untenable. We have already referred to the avowed objects of founding and maintaining our medical colleges and hospitals; and we submit that no civilised Government ought deliberately to work a system of medical administration whereby all its scientific, educational and sanitary institutions are to be maintained merely for the purpose of quartering their surplus military medical officers in times of peace. If the contingency of the military members of the Indian Medical Service holding college and other appointments being told off to military duty is within the range of practical politics, it must follow that the beneficient work of our colleges and hospitals, and of the departments of Chemical Analysers and Sanitary Commissioners is liable to be suspended and determined at any moment. In referring to the growth and working of the existing system of administration His Excellency General Sir W. Mansfield remarks: "There being no fund of general practitioners on which the Government can draw for civil medical purposes, as is the case in England or in a British colony, the Government has always been in the habit of drawing on the medical service of the Army for its *instruments on civil account.* Thus the medical superintendents of civil stations and of jails, appointments connected with the medical colleges, professorships, etc., and the vaccination department are all taken by military medical officers. * * * It even happens that medical officers hold appointments totally unconnected with the medical profession. Thus we have one at present who is Postmaster-General of the Presidency; another, who has lately returned with the rank of Deputy Inspector General, was the Conservator of Forests till the date of his departure; others are Mint and Assay Masters; and so on." Surgeon General Hadden, in his report to the Finance Committee and Army Commission, distinctly states that the so-called civil reserves may exist on paper but not in reality, and the latest test of mobilisation for the Chitral expedition showed conclusively the unreality of these reserves, as pointed out by such influential papers as the *Pioneer* and the *Army and Navy Gazette.* The reserve argument, therefore, not only fails, but serves to point to conclusions the reverse of what it is intendent to support. But, whatever force and value, if any, this contention might have had in the early days, it can have none now, for, as observed by Lord Wolseley in his very able and decisive minute on the reorganization of the medical administration of the country, "the old order of things was before the time of railways and the Suez Canal. But now the conditions of military service in India have been revolutionised by the steam communication through the Suez Canal, and by telegraphs and railways which unite the ports of Calcutta, Madras, and Bombay with nearly all important Indian garrisons. In war emergencies all medical men on leave and even others could be had at their posts within 30 (it would now be 20) days of the date of an order."

12. But the present civil military constitution of the Indian Medical Service is anomalous not only from a civil, but also from a military point of view, and frequent have been the complaints that just as military men are pitchforked into places for which they have had no special training, civil medical officers are appointed to military administrative posts for which they are not fitted; and the latest and most emphatic pronouncement of such a competent authority as the *Army and Navy Gazette* is that the present organization of the Indian Medical Service is entirely indefensible from a military stand-point. It was after prolonged inquiry and experience that the War Office ruled, that in the interests of the Army system, both in regard to discipline, efficiency, and continuity of work, military medical officers should not be posted for civil work, and that no military medical officer who has been more than three years in civil employ, should be eligible for military duty. The efficiency and continuity of work and discipline can be no less important for the Indian than for the European Army, and we venture to think that, were the same rule applied to the Indian Army, the separation of the civil from the military service would work itself out in practice.

13. And this leads us to the question of the remedy for the existing evils and the direction in which we humbly submit the reforms which we pray for should be directed; but before referring to this branch of the memorial and dismissing the first head, we may be permitted once again to refer to the forcible observations of Mr. E. Hart on the evils of the system as

now administered, as the opinion of an eminent and competent authority formed after careful personal observation and study of the question. These observations have already excited no small amount of attention and interest. Says Mr. E. Hart, "It is a bizarre and stereotyped system with an anomalous state of things" in which "the Indian Medical Service man seems to be expected by Government to be fit for any post that may be vacant. He is assumed to be equally fit to be in charge of a lunatic asylum and, in the capacity of a Sanitary Commissioner, to supervise the sanitation of a province, though the chances are that he has had no special training for either post," for the Indian Medical Service men, says Mr. Hart, "had all learnt their work as Army Surgeons at Netley; but what preparation had they made for the diverse duties which come within the range of the Government medical service in India?—The system is radically wrong in which men worked their way up by seniority to a position in which they fill the dual capacity of Principal Medical Officer of the Army, and Sanitary Commissioner with the Government. What guarantee have we that they are capable of filling the places of chief sanitary authorities." As a natural consequence of such development of official experts by the age gradation, Mr. E. Hart points to the official reports on medical subjects as being no better productions than "mere clerk's work," for "we want not to be told," says he, "that there was an outbreak of typhoid or cholera at such and such a place, that so many people died of it, and that it is probably due to a pollution of the water-supply or the milk-supply. Yet this is all that is told. * * *" As a further and very disappointing result of the working of a system "under which," as Mr. Hart says, "men who were trained for work of one kind are put to work of quite another kind," he points out that "measures of vital importance to the health of the community are either neglected or imperfectly carried out."

14. That the present system is in need of radical reform is generally admitted. The question of reform has occupied the serious attention of Government and of some of its highest officers for a considerable time past. Various proposals and schemes have been submitted and considered with the view of a reorganization which, while removing the existing evils and anomalies, should combine efficiency with economy both in the Civil and Military Departments. The observations of the great soldier and eminent military authority, Lord Wolseley, are specially deserving of consideration in connection with the manner in which the question must be approached and considered. He says: "From the voluminous correspondence on the subject it may be gathered that this is one of those subjects which are rendered difficult by the vested interests and service prejudices which are allowed to enter largely into the arguments and reasoning of those to whom we should look for information. It is impossible to obtain a really impartial opinion on it from medical officers, all of whom are more or less anxious to aggrandise their own service at the expense of the other. The only safe course therefore in my opinion for us in approaching this complicated question is to put on one side altogether these biased opinions, and to consider the subject as if we had been called upon, for the first time, to devise a medical system for our public service in India."

15. We respectfully submit, as already urged by some of the most competent and responsible authorities, that for any practical, real, and comprehensive scheme of reform it is necessary that the military and civil services should be reorganized and recast so as to meet the requirements of both the great medical services in the country. The reorganization and recasting may, in our humble opinion, be best carried out so as to combine efficiency with economy by (1) a separation, complete and absolute, of the civil from the military medical service, with the formation of one military medical service for India—and in fact the military members of the Indian Medical Service are at present under the orders of the head of the European branch of the medical service called the Army Medical Staff; and (2) the reorganization of the civil medical service, constituting it a purely civil service, recruited from the open profession of medicine in India and Europe, with a liberal admixture of indigenous talent in the event of proved merit and ability. It is well known that reform in these directions has been warmly and consistently advocated by some of the most eminent and sagacious authorities, possessing wide and intimate personal knowledge of the question. The words of His Excellency General Sir H. Rose are more weighty to-day than they were when first uttered at a time when the civil departments were still in their beginning. "It would be of most essential benefit," said this eminent critic, "to the military and civil interests, if the Government were to create a distinct civil medical service for India quite independent of the army, the professors and lecturers in the different schools at each presidency to belong to this (civil medical) service." In connection with the other branch of the proposed reform, *viz.*, the amalgamation of the two military medical services, the same high authority made certain definite proposals which seem to have worked out in practice to the extent the reorganization has hitherto proceeded. At

present the military members of the Indian Medical Service and the Army Medical Service are under the orders of one head, *viz.*, the Surgeon-General with Her Majesty's Forces, who is generally taken from the British Service, and administrative military appointments are held by members of both the services in due proportions, and lately even exchanges and transfers have been sanctioned between the two services. The latest changes in the con titution of the civil medical service would show that the latter is growing less and less a "reserve" for the military branch, for Government have ruled that civil medical men will be allowed to be employed on military duty only so far as they can be spared.

16. There can be no doubt of the manifold advantages and the urgent necessity of the reforms so influentially advocated and urged on the attention of Government. General Sir H. Rose, in referring to the advantages of a distinct civil medical service says: "I must venture to think that the Army and the Civil Service would be equally benefitted by military medical men discharging their professional duties, and civil surgeons performing civil duties; for instance, in the Post Office Department medical knowledge is in no way requisite for the execution of its duties; and when a medical officer takes charge of them, he has to begin to qualify himself for the post office to the detriment of his own professional duties and experience." The opinion of Dr. S. M. Hadaway, Deputy Inspector General of Hospitals and Principal Medical Officer, British Troops, is equally clear and emphatic. "In the event of amalgamation (complete and indivisible) of the British and Indian Medical Services, it seems to be absolutely essential that all civil medical duties should be quite independent of the medical officers of the Army." The principle of having one Military Medical Service and a separate Civil Medical Service has been recognized and accepted by the Government of India and the Secretary of State, but, as very pertinently remarked by the Surgeon General, Her Majesty's Forces, in his minute on the proposed changes, "its application is maimed by qualifying conditions; had these admitted premises been followed out to their natural conclusions in the suggestions under review, an intelligible and comprehensible plan might have been the outcome—one capable of meeting all the administrative requirements of an efficient civil, as it would of a military framework. So far from this being the case, however, it seems to me that the subject has been only superficially dealt with; that an attempt has been made to perpetuate, under a new system, the proven errors of the old; and that, although certain plans are suggested to meet supposed present requirements, no scheme of military medical organisation has been put forward which possesses any stamp of cohesion or of permanency, or even which gives promise of present satisfactory operation. If real reorganization is to be attempted —and that such is needed none who are acquainted with the present cumbrous and expensive system will deny—it can be effected by no partial measure. The division of civil from military duties must be trenchant and distinct."

17. The proposed reforms recommend themselves no less on grounds of economy than of efficiency. It has been clearly and forcibly pointed out, on unimpeachable evidence, that those changes will lead to extensive economy. The nature and approximate extent of the economy may be indicated under two heads—military and civil, in the sections of education, sanitation, science, and civil station charges. The latest Army Commission as represented by the Finance Commission of 1887, has shown a saving of 17½ lakhs on the score of reduction of officers alone, and Lord Wolseley, who may certainly be expected to be thoroughly conversant with the needs of the Army, estimated the saving on this head at no less than 20 lakhs. According to the report of the Finance Commission of 1884, the saving by the adoption of the station hospital system for the European Army has been computed at 10 lakhs, and 4½ lakhs is the least that would be saved were the same system extended to the Native Army as pointed out in paragraphs 65 and 66 of the Finance Commission of 1887. So late as March 1886 the Secretary of State again urged on the attention of the Government of India the desirability of effecting this saving, and it was pointed out that, in the Madras Presidency at any rate, the change might be begun, for, according to military authorities, the position of the army in that presidency offers no difficulty to an immediate introduction of the change. There would doubtless be the initial cost of special buildings, but that would be covered by the first year's savings. The total saving therefore under the first or military head will amount to about 20 lakhs per annum.

18. In the civil department we may point out that, in the education section, the salaries paid to the military professors are, on an average, one-third more than the salaries of professors in the sister institutions, men whose intellectual and academic qualifications are at least equal to those of the military professors, and these military salaries are moreover supplemented by the emoluments of private practice which the holding of the appointments almost invariably attracts and develops. The case of a recent appointment in the Lahore Medical College show that it is easy to secure capable men of qualifications and attainments equal to those of the

European covenanted medical officers, and even of the same race, as professors on the pay of the uncovenanted grade, *viz.*, R350 to R750, the scale for the covenanted military professor being R500 to R2,500. It is to be remembered, moreover, that the salary of the professor is not the salary of the post but of his rank, so that, if a Surgeon-Major replaces a Surgeon-Captain as professor, he begins with R1,200, though his predecessor, presumably equally fit and qualified for the post, drew only R700. The total saving on the head of education, therefore, may be estimated at 1½ lakhs, being one-third of R4,60,000, which is the present total cost of the 36 military professors in our Indian medical colleges.

In the branch of sanitation, in the same way, the Finance Committee and the other authorities consulted on the subject have been able to recommend large economy on this item, and one of them computes it at 1 lakh a year for Bengal alone (*vide* the Minute of the Surgeon General, British Forces, of October 1876). It is well known that the posts of Sanitary Commissioners are regarded as little better than sinecures, and their abolition has been recommended by the Finance Committee and the Finance Commissioner. If these posts are abolished in accordance with this recommendation, and the work of the Public Health Department entrusted to experts chosen from the open profession, the resulting saving would be about 1 lakh per annum.

In the Department of Civil Surgeons, the Crawford and Cunningham Commission recommend two-thirds of the covenanted grade pay. The difference between the covenanted and uncovenanted scales might roughly be taken at R300 per mensem for each appointment. There are at present 177 civil charges in the convenanted grade, and accordingly the total saving in this item will be upwards of 5 lakhs a year.

Besides these special appointments there are posts in the civil departments unconnected with the medical profession, but held by the commissioned officers of the Indian Medical Service, such as Inspectors of Opium Factories, Assay Masters, Superintendents and Inspectors General of Prisons, Superintendents of Lunatic Asylums, Curators of Museums, Government Naturalists, etc., and the Director General of the Thuggee Department, and some saving might reasonably be expected in regard to these posts.

The following table showing the different grades of military officers of the Indian Medical Service serving in civil departments, with their total cost to the Indian treasury, is appended for easy reference :—

3	Surgeon-Major-Generals		R
5	Surgeon-Colonels	Aggregate Salaries	34,50,000
29	Brigade-Surgeon-Lieutenant-Colonels	Miscellaneous	2,50,000
81	Surgeon-Lieutenant-Colonels		
122	Surgeon-Major	Total	37,00,000
105	Surgeon-Captains	Plus Exchange Compensation	
29	Surgeon-Lieutenants	Allowance.	6,00,000
374			=43,00,000

and one-third of this amount, or 14 lakhs per annum, represents the approximate total savings under the second or civil head in its different sections. To this may well be added the saving from the abolition of the office of Surgeon General, the duties of which are described by the Government of India to be more or less of a merely clerical character, or R96,000 per annum. Thus the total savings under the military and civil heads will be no less than 32 lakhs per annum, and this saving will afford a most material relief to the Indian tax-payer, without in any way affecting the efficiency of the medical administration of the country.

19. These reforms are easy of application to the existing order of things, and might be carried into effect without any violent disturbance and without prejudice to the claims, if any, of the present incumbents. It is well known that the covenant with the military members of the Indian Medical Service is essentially and distinctly military, and does not warrant or contemplate the conferring on them of any of civil appointments which have come to be regarded as their exclusive preserve; but apart from this consideration, and taking the existing state of affairs as it actually is, such of the military officers as are on temporary civil employ may be returned to military duty, and, as vacancies arise in the civil charges, the uncovenanted service may be utilised for filling the posts of Civil Surgeons. The special appointments in the department of sanitation, chemical analysis, and education may be given, as in the sister colleges, by selection of the fittest men by the Secretary of State, and to local candidates of proved merit and ability on the recommendation, if need be, of the local Government, and recruitment for all the civil departments in future should proceed on the same basis.

20. The reason for drawing upon the medical members of the Indian Medical Service in the early days to minister to the requirements of the State for civil and military hospitals and to act as pioneers of western medical education in India, was that the first and only medical men professing the science and practice of medicine on western principles then available for the purpose were members of that service. With the rise and growth of the different Department of the State connected with the medical service, a constantly increasing number of military medical men had to be drafted for the civil medical service of the country. But now that reason has altogether ceased, and the circumstances and conditions then existing have undergone such a complete change as to render it not only unnecessary, but unjust and impolitic, to retain now what is admittedly an indefensible monopoly, imposing a needlessly heavy burden on the Indian treasury. There is now a large and varied field for selection for the civil posts outside the Indian Medical Service, affording every guarantee, not only of efficient, but also of economic administration. The Civil Medical Service has so vastly expanded during the last fifty years as to form a distinct service by itself. So vast indeed has been the expansion that the different departments of the State connected with the medical service draw on the medical service for as many as 374 members, while the military service itself has but 286 men for its own purposes, and the number of military medical men in permanent civil employ is almost double the number in permanent military employment. Yet the old practice of manning the civil service from the ranks of the Indian Medical Department has been followed, though the service monopoly really owes its origin to a mere arbitrary order issued at the instance of a too enthusiastic Military Surgeon-General protested against, as already pointed out, by high-minded members of the service itself. Nor is this all; the working of the present system and the exclusive regard paid to the interest of the Indian Medical Service have resulted, as shown above, in reducing to a mere dead letter the uncovenanted medical service.

21. The inhabitants of Bombay in public meeting assembled respectfully solicit the earnest and careful attention of your Lordship in Council to the facts and considerations set forth in this memorial. They respectfully invite independent and thorough inquiry into the hardships and mischief of the practical workings of the present arrangements for making important appointments in the educational and special departments of medical science. They submit that these arrangements injuriously affect efficiency and continuity of teaching, discourage the growth of indigenous talent, cripple the development of scientific work, impair the dignity and prestige of the whole of the medical profession outside the small circle of the military department, sanction and perpetuate an undesirable monopoly in a department where, if anywhere, the only rule of selection must be fair field and no favour, and impose a needless and heavy burden on the Indian tax payer; and they pray that, recognising as Government must do, that all monopolies must be mischievous, and still more so when allowed to invade the domains of science and of the healing art, your Lordship in Council will be pleased to give effect to the doctrine of *La Carriere ouveste aux talents*, and to relieve the Indian treasury of a heavy burden, thus fulfilling, in an important particular, England's noble mission to India and her people.

From J. De C. ATKINS, Esq., I.C.S., Secretary to the Government of Bombay, General Department, to the Secretary to the Government of India, Home Department (Medical), No, 5111, dated the 21st November 1896. **No. 9.**

In continuation of my letter No. 3594, dated 14th August 1896, I am directed to forward herewith, for the information of the Government of India, copy of a letter No.6983, dated 11th September 1896, and accompaniments, from the Surgeon General with this Government, reporting on the memorial forwarded with my letter referred to above, in connection with the question of the separation of the Civil and Military Branches of the Indian Medical Service.

2. As the Surgeon General's report contains a full and careful examination of the various statements and proposals made by the memorialists, His Excellency the Governor in Council considers it unnecessary to criticize them in detail; but observes that the prospect of appointments in the Civil Branch of the Service is understood to be the chief inducement to the more distinguished candidates to compete for the Indian Medical Service, that the Grant Medical College could not be supplied with an efficient staff of Professors if it were dissociated from an organized service such as is the Indian Medical Service, and that, though there are occasionally appointments, such as that of the Chemical Analyser to Government, for which a sufficiency of qualified men is not always available, this circumstance would not of itself justify a complete reorganization of the existing service and system.

3. I am to add that the question of a Military reserve, which is perhaps the most mportant question involved, is one with which, it is believed, the Government of India will be able to deal without assistance from this Government.

No. 10. From the Surgeon-General with the Government of Bombay, to the Secretary to Government, General Department, Bombay,—No. 6983, dated the 111th September 1896.

With reference to your No. 3629, dated August 17th, 1896, Subject—"A memorial to the Secretary of State from the inhabitants of Bombay on the Indian Medical Service," I beg to submit the following remarks:—

1. I have the honour to invite the attention of Government to the cuttings attached from the *Times of India*, from which it will be seen that the public meeting, so-called, was not in any sense a representative meeting of the inhabitants of Bombay, and that, therefore, its utterances can scarcely be taken as representing in any degree the opinions of so large a community, the very diversity of whose component elements requires that any expression of its opinion at public meetings, if weight is to be attached to such expression, should not proceed from a diminutive and interested section of the community. Moreover, the meeting was irregularly convened. A genuine public meeting in Bombay is one called by the Sheriff on the requisition of representatives of sufficient weight and number of all sections of the community. There is no pretence of this procedure having been adopted by the memorialists, and therefore, at the outset, I submit that the memorial has no right to its title, and its arguments should not be accepted as those of the large community whose views it professes to advance.

2. In deference, however, to the expressed wishes of Government, I have carefully scrutinized the memorial in consultation with the Director of Public Instruction, and we have found that many of the statements have either no foundation in fact or are put forward in such a manner as to be entirely misleading. I propose first to criticise these passages in the memorial as they occur, and will afterwards state what I consider to be the valid arguments on the questions raised by the memorialists.

3. The memorial, para. 2, line 9, and para. 7, line 22, states that "appointments are given away regardless of fitness or merit." This is not the case, and the statement reflects alike on Government and also on the officers who hold the appointments It is a fact that the selections for these appointments are made with care and due regard to the qualifications of the candidates, as is clearly proved by reference to the qualifications of the officers now holding appointments in the Grant College. It is also a fact that a group of individuals possessing similar qualifications cannot be found in the "Open Profession" of Bombay at this moment, nor indeed has there ever been, so far as I am aware, a sufficiency of medical men in the local Open Profession so highly qualified as to render the supersession of the Indian Medical Service officers either possible or desirable. A recent instance of the appointment of a highly qualified individual from the Open Profession was by no means a success, and the chair he held was perforce abolished, as its duties were openly neglected for those of a large private pratice, and I may here point out that such a result may be expected with confidence when the incumbent of such a post is not bound by his duty to Government as a commissioned officer.

Memorial para. 3, lines 5, 7, 8.—The appointments are open to the whole Profession of medicine: 1st by competitive examination in London, 2nd by approved service after entry. With regard to the competitive examination, it is to be noted (1) that many natives have passed it (Bombay Medical Service, 10 per cent. natives), and are now holding Indian Medical Service appointments; (2) that in these days of easy communication with England, many natives go to England and obtain English degrees and diplomas; (3) that it is the exception for any of these native students to be able to excel the Englishmen against whom they compete in University Medical Examinations, and therefore, (4) that though many natives compete for entry to the service, it is not so common as it ought to be for them to succeed, and indeed, since the passing of the rule, only allowing two appearances at the competitive examination, the number of successful native candidates has become insignificant, and this in face of all the increased advantages they enjoy with respect to cheap education and passage to England. I submit that, if the native students were of the calibre which we might infer from the statements in the memorial, they would long ago have shewn it by passing highly into the Service, by taking prizes at Netley, and by talent and original research in afterlife. As they, with a few honourable exceptions, have not achieved any result of the kind, the inference is forced on us that they do not possess the capacity.

Memorial para. 3, lines 12, 13, 14.—The implication here is that Government are accustomed to decide these questions in an exactly contrary spirit.

Memorial paras. 4, 5, 6.—The facts of the dispute of 1867—1869 are as follows:—

General Order of the Government of India, No. 370 of April 4th, 1867, attached the professorial chairs of Grant College to certain Presidential appointments in the Medical

Department. The Medical Storekeeper, for instance, was to be *ex-officio* Professor of Materia Medica, but the Medical Storekeeper having plenty of work already, and not being offered pay for lecturing, declined to deliver lectures. The then Director (Sir A. Grant) mentioned this in his annual report and condemned the college as a Military rather than an Educational Institution. He was set right by the Principal (Dr. Hunter), who reported as under in his No. 103 of 29th of October 1868 :—

"At a meeting of the Faculty of Medicine of the University held in April last, to consider General Order of the Government of India, No. 370 of the 4th April 1867, one Resolution among others, specially stating that claims to appointments in the Grant Medical College should be based on scientific attainments only, and that Professors should be obtained from any source, was carried solely by the unanimity of the Professors of the College.

* * * * * * * *

"It is true that General Order of the Government of India, No. 370, dated the 4th of April 1867, threatened to prove a serious injury to the college, but Sir A. Grant seems to have overlooked the extensive modifications introduced by this Government into the Order (see G. G. O. No. 421, dated 2nd July 1867, and G. G. O. dated 2nd July 1868) which have converted it into a positive benefit."

Government Resolution, Educational Department, No. 24 of the 16th of January 1869, ended the matter by saying that "Sir A. Grant appears to have been under a misapprehension in supposing that those connected with the college looked on it in any other light than as an educational institution, and in this light and no other it is the desire of Government that it should continue to be viewed."

It will be noted that an important fact is not set forth in the memorial, *viz.*, that Government modified their rules so as to confer, in Dr. Hunter's words, a positive benefit on the college. The importance of this fact to the argument may be appreciated when it is stated that the system of appointments now followed was laid down in those very modifications.

Memorial, para. 7.—Dr. H. V. Carter's statement was as follows: "It is hardly to be expected that the body of medical officers in India (from whom the staff of Professors is drawn) can always offer a wide enough field of selection, and that the old rooms and few instruments of the Grant Medical College can prove equal to the growing requirements is at least equally unlikely. Thus, whilst no effort will be spared to put to best use the men and materials available, it is earnestly hoped that adequate means will be afforded by Government towards enabling this college to advance with its compeers elsewhere." The year before Dr. Carter remarks—"I desire to express a cordial appreciation of the well-sustained exertions of my several colleagues during the past year which, in consequence, may be correctly regarded as one of steady progress." Dr. Carter's allusion to the rooms and instruments at the Grant Medical College coming immediately after his remark about the field of selection for Professors, shows that he did not employ the words in quite so wide a sense as we might give them if he had directed his remarks against any difficulty already felt in selecting men for the professorships. However this may be, it is very unlikely that, with the recent practical unification of the Bengal, Madras and Bombay Services under a Director General, any such narrowness of field will occur hereafter.

Paragraph 7, lines 22, 23, 24, have already been dealt with.

Paragraph 8, lines 3 and 4.—This is not the fact now, whatever may have been the case long ago. Mr. Hart's statements were entirely based on a three months' visit to this country. All of them have been severely criticized and not a few entirely disproved. Of the appointments he mentions, the manner and result of the professorial appointments I have dealt with in my opening remarks. Sanitary Commissioners are chosen from among the Deputy Sanitary Commissioners who are mostly posted to the Sanitary Department early in their service, and having been so posted remain engaged in sanitary work all their service. Chemical Analysers are specially chosen for their chemical qualifications,—witness the qualifications of the present Bombay and Calcutta incumbents, and those of the late Chemical Analyser to the Punjab Government, Surgeon-Captain C. H. Bedford. The connection between the duties of a medical man and a Political Agency is less obvious at first sight, but it is very clear that both policy and economy guide Government in conferring these appointments on medical officers, who are often placed in an isolated position in Native States where the exercise of their profession has been proved to be a measure of political wisdom, and where, if they themselves did not hold the appointments, officers of another service would. Mr. Hart, it will be observed, does not criticize the arrangement under which Military Officers, whose training may be supposed to differ as widely as that of medical men from the training necessary for a Political Agent, are

yet nearly always incumbents of those posts, the truth being that success in these appointments is a matter of personal attribute and qualifications rather than dependent on a stereotyped training.

As to Superintendents of Lunatic Asylums, any qualified medical men in England are legally competent to undertake asylum duties, and many young men are appointed without any experience to the resident staffs of the various county asylums. Here in India the Lunatic Asylum, where one exists, is part of the civil charge, and an Officer commencing in the Civil Department takes, it is true, his first charge without experience, unless, as is not uncommon, he entered the service already possessed of it, but naturally after being in the Civil Service some years that fault corrects itself.

Memorial, para. 8, line 15 et seq.—There are other qualifications than those of a skilled chemist necesssary for this appointment, and it is a fact that the assistant referred to, though admittedly a good chemist, yet fell very far short in other respects. In a word, the reasons which precluded his appointment were purely of a personal character, and the action taken in his case involved the general principle that Chemical Analysers and their assistants are debarred from private practice. Dr. Deshmukh's refusal to submit to this ruling was the immediate reason of his retirement.

Memorial, para. 8, line 3 et seq.—It is difficult to know on what Dr. Voëlker founds this statement. The present Bombay Chemical Analyser is a Fellow of the Royal Seciety of Edinburgh, and his predecessor, Dr. Lyon, had a European reputation.

Para. 8, line 41.—The Military Surgeon General, *i.e.*, the Principal Medical Officer, Bombay Command, has nothing to do with these appointments.

The recommendations for the appointments are made by the Surgeon General with the Government of Bombay, the officer who administers the Civil Medical Department.

Para. 8, lines 42, 43, 44.—As long as officers require leave of absence, changes are inevitable, under whatever system the appointments are manned; but every effort is made to secure that one man shall not take charge of entirely different subjects to his own. Thus, the surgical lectureship falls naturally to the anatomical professor, and the medical to the physiological or pathological, as is the practice in the British schools.

Para. 9, line 13.—This is true, but the statement should have been qualified by the words "when no commissioned officer is available." This was insisted on and stands on record—Accompaniment to Government Resolution No. 1311, dated 10th April 1885. (The accompaniment referred to is a list of the appointments mentioned in the Government Resolution, and is signed by the Registrar, Home Department, Government of India.) The memorialists with more than a suspicion of disingenuousness have omitted to state the fact.

Line 19.—The minimum pay of Indian Medical Service officers in temporary charge of a 2nd Class Civil Surgeoncy is R386-10-0; in permanent charge, R400 under 5 years' service; over 5 years' service minimum pay R550. No officer in any civil charge draws R2,500, which is the pay of the Surgeon General. The officer who draws the next highest amount is the Principal, Grant Medical College, with a salary of R1,600.

Para. 10, line 17.—Compare paragraph 9, line 18.

Paras. 11 and 12. I propose to deal later with the military aspect of the question, so I will dismiss these paragraphs without comment, except to observe that in paragraph 11 line 33, there is a direct departure from fact, for the civil reserves were not called on further than that in Bengal; a few officers were recalled to their regiments from temporary civil employ. With regard to the remarks of a distinguished general officer quoted in line 40, etc., it has been recently noted that his views on Indian affairs are not of that weighty and consistent character which might secure universal acceptance, and of the observations in the paragraph under review I would remark that their precise degree of relevancy to the argument is scarcely as clear as the memorialists urge.

Para. 13 is principally quotations from Mr. Ernest Hart.

Lines 12 and 13 have been already disposed of.

Lines 16, 17, and 18.—Mr. Hart's remarks apply equally to medical men in other walks of life. They equally with Indian Medical Service men become in the course of their careers Public Health Officers, Analyists, Superintendents of lunatic asylums, etc., etc. Every medical man must have a beginning to hi sexper ience, and it is absurd to expect, as Mr. Hart would have us to, young medical officers with the experience of old. The Indian Medical Service is

rather at an advantage than otherwise, as many men enter it with special experience already gained in public health, lunacy and analyst's work.

Line 20.—There is no such appointment. If Mr. Hart made this statement, he was insufficiently informed. It is to be noted that, if he were so ignorant, the memorialists could not be, the leading signatory being a member of the Governor's Council.

Lines 21 and 22.—The guarantee is this, that men are early in life posted to the Sanitary Department and remain in it all their service.

Lines 28 and 29.—This is all we are told by Mr. Hart. It is nevertheless a fact that sanitary officers make recommendations which (lines 32 and 33) can be carried out by executive authorities only (Collectors, Commissioners, etc.), and which are so carried out as far as funds etc., allow. In refutation of Mr. Hart's opinions, one need only point to such sanitary triumphs as the fall in the army death-rate and the success in dealing with epidemic disease at Hurdwar, and other large fares where the problem set was of a character that would never occur in any European country on account of the numbers and habits of the people, in the havoc wrought by the disease, whether cholera or small-pox, if allowed to gain headway, and over all the heat of the climate fostering disease and rendering all work of whatever kind an infinitely greater effort for Europeans than in their own climate. In face of these and numerous other instances of a similar nature, I would ask whether Mr. Hart's observations on the sanitary service of this country are either fair or justified by facts.

Para. 14.—There is nothing in this paragraph which modifies my previously expressed opinions.

Para. 15, lines 7 to 14.—In my opinion these points will be for the consideration of Her Majesty's Government after hearing the arguments on either side; but I might pertinently ask with reference to line 14, how can the "indigenous talent" be better proved than by competitive examination, a door which is already open to the possessors of the "talent, merit and ability," and of which they either will not or cannot avail themselves.

* * * *

Lines 33 and 34.—Transfers are only permissible in the case of officers under seven years' service.

Lines 35, end.—This does not by any means alter the fact that the reserve is still at the disposal of Government. Furlough and leave, etc., have not been found to be abolished because only granted to officers when they can be spared.

Para. 16 does not advance any facts; and of the opinions quoted, some must be admitted to be only of an antiquarian value.

Para. 17 commences the financial arguments of the memorialists, and it is to be regretted that they have so condensed the arguments and facts on which their results are based, as to make it a matter of difficulty to follow them. We are told that there has already been a saving of 10 lakhs per annum by the adoption of the Station Hospital system for European troops, and we are told that 4½ lakhs per annum will be saved if the same system is extended to Native troops.

Lines 20 and 21 contain the astounding statement that station hospitals for the whole of the native army of India can be erected at the cost of 4½ lakhs of rupees. I submit that this statement is not set forth in the serious spirit which becomes men agitating for a great reform, and that its very presence here discredits alike the memorial and its promoters. With regard to the reduction of officers, I shall hereafter show that any reduction of the cadre of the Bombay service, at any rate, is impossible, and therefore I will not deal with it here.

Para. 18.—The statements contained in lines 1, 2 and 3 are misleading. The two cases are not comparable, for it is admitted in this same para., line 13, that the Military Medical Professor's salary is that of his rank and not of his post. This is so, and the pay of the rank forms, except in three cases, so large (*vide* table) a proportion of the total, that the remuneration or salary of the post *per se* is insignificant, and will not bear comparison with the salaries of the Arts Professors. So small is it, R200—400 (see tables attached), as to make an increase inevitable if any other individual than a military officer with pay of rank held the appointment. Were the military officers superseded and the professorial chairs with their proper and present emoluments thrown open, it would be impossible to secure European professors of the qualifications of the present staff. The Lahore case quoted, lines 7, 8, 9, does not apply to Europeans, for there are "no Europeans at present professors (in that college) who are not members of the Indian Medical Service." There is therefore no warrant for

Telegram from the Principal, Lahore Medical College, dated 2nd September 1896.

the use of the words "and even of the same race" which in their present context are distinctly misleading. This fact cannot be disputed, and therefore Government, to fill their chairs, would be driven to increase the emoluments of the several chairs to a sum very near, if not equal, to their present figure, which of course now includes the military pay. Meantime, the superseded military officers would be drawing the pay of their rank and doing nothing. It is impossible to reduce the Bombay Medical Service. There are now only 117 medical officers. The Bombay Army numbers 30,470 men, and there are, in addition to regimental work, administrative posts to be filled, even if all civil, sanitary, assay and teaching appointments were handed over *en bloc* to a new civil medical service. It being conceded that the present service does the whole of the work above detailed, and has done it without reproach for years, proving itself sufficient and competent, I submit that, if a new civil medical service is created, it will be unnecessary, and Government will, without material reduction of individual salary, be paying three men for doing the work formerly done efficiently by two. The same arguments apply to lines 26, 27, 28 and 29 of the same para., and even more strongly, for, if sanitary reforms are to be carried out, they must be in the majority of cases initiated by Europeans. Few Asiatics could be successful as sanitary officers; ignorant as they mostly are of the conditions of things in civilized western countries and surrounded from their youth by insanitary conditions to which they have become callous from habit, they would be unable to perceive what would instantly be detected by a European officer. Turning now to the Civil Surgeons, the same argument as to the pay applies, *viz.*, the pay of the Civil Surgeon under present arrangements is the pay of his military rank and a charge allowance which is but a small fraction of his total pay. This charge allowance would have to be at least doubled or trebled in most cases to bring it up to the ⅔rd of the covenanted scale required by the memorialists. The amount actually drawn by Assistant Surgeons acting in civil charge is shown in statement.

Here, moreover, we are brought face to face with a question so delicate, that it is hardly possible to discuss it in a communication of this nature. It must suffice for me to indicate that there would be a great hardship inflicted on all European Government servants residing in up-country stations if men were to be forced on them and their families as medical attendants whose education, religion and ideas on the family tie are so entirely contrary to their own. No similar compulsory invasion by Europeans of native homes would be tolerated by Government for a moment, and I am strongly of opinion that, on these two grounds alone, and making every allowance for liberal ideas, the time has not yet arrived for the creation of a native civil medical service.

Para. 18, lines 36 to 41.—Of the appointments here mentioned, I need only say (i) that the Assay appointments are included with other civil appointments in the prospectus of the Indian Medical Service issued by the India Office; (2) that Government, as the result of experience, have found it advisable to give the Prison appointments to medical officers, and naturally, for disciplinary purposes, prefer the men in their own service.

The remaining part of this paragraph is dealt with later.

Para. 19.—To every single statement in the first six lines of this para., I give an unqualified denial. They are all entirely contrary to fact, and a reference to the prospectus issued by the India Office to the intending candidates for the Indian Medical Service will at once disprove the statements of the memorialists. I further take leave to assert that civil appointments are the chief inducement to highly qualified men to join the Indian Medical Service, and that with their withdrawal from the present not too exuberant attractions of the service, the Indian Government will at no distant period find itself in the present unfortunate situation of the War Office in England with respect to paucity of candidates for its medical appointments. As it is, competition is becoming less and less year by year, the numbers at the last examination having been thirty-four candidates for seventeen appointments, whereas even ten years ago the proportion was commonly 1·5 and even more. For four vacancies in August 1888, for example, there were thirty candidates, all of whom qualified.

Military Department Form 124—Memorandum regarding position of officers to be appointed to H. M.'s Indian Forces, India Office, March 1890, paras. 19, 20, 21.

I would invite the serious attention of Government to the suggestions in lines 11—15 of this paragraph 19. They advise Government in effect to reintroduce the patronage system with all its attendant evils, and to place men chosen under that system at an advantage compared with those who have entered Government service by competitive examination.

Para. 20, lines 19 to 21.—I have attached a statement showing the distribution of the appointments in the Bombay Medical Department with reference to these figures.

Line 25.—The facts of the case as stated by the Director of Public Instruction in pages 6, 7, 8 of this letter in no way warrant this assertion.

Para. 21, line 1.—The objection to this title for the memorialists has been already stated.

Line 12.—I submit that the condition *par excellence,* under which a fair field and no favour can be obtained, is that of entrance by competitive examin ation. * * *

Educational considerations.

Having thus reviewed the memorial, it becomes my duty, in accordance with the wishes of Government, to advance the views held by the Director of Public Instruction and myself of the whole question raised by the memorialists. It will be convenient to consider this question in its three several aspects—

A.—Educational.
B.—Military.
C.—Financial.

A.—The case for the maintenance of the present arrangements at the Grant College is thus stated by the Director of Public Instruction.

The orders which Dr. Hunter called 'a positive benefit' have been observed up to the present time, and under those orders the full professors are selected solely for their professorial qualifications; their teaching work is their principal duty, and any additional duties given to them are cognate, and, so far as possible, locally convenient. These full professors have always been officers of the Indian Medical Service. The minor* chairs are said in Government Resolution, Military Department, No. 3042 of the 30th August 1867, to be chiefly intended for the uncovenanted service; and in Government Resolution, Educational Department, No. 241 of the 28th of April 1868, it is proposed that the minor chairs should be given to any qualified person whatever, each minor chair carrying with it a salary of R200 a month. Some of these minor chairs have since been held by gentlemen who did not belong to the Indian Medical Service, such as Dr. Narayan Daji and Dr. Sakharam Arjun and Dr. MacDonald, who is the present Professor of Botany.

* There are four minor chairs—Botany, Hygiene, Medical Jurisprudence, and Zoology and Comparative Anatomy.

I have no fault to find with the present system, and have been perfectly satisfied, except in one point. The Professor of Chemistry is also Professor of Medical Jurisprudence and Government Analyst, and has his hands much too full to be able to attend to the Elphinstone College, where he is *ex-officio* Professor of Chemistry. There used to be an allowance of R200 a month for the duties in the Elphinstone College, but this was stopped by order † of the Government of India on the retirement of Dr. Lyon. The work of Dr. Lyon's successor in Grant College has, I believe, increased very much, and the Elphinstone College has been moved from the neighbourhood of Grant College to the Fort. It is therefore high time that the allowance of R200 should be restored to the Elphinstone College and that seperate arrangements should be made, so that the Grant College Professor may be relieved of work outside the Grant College.

† Government Resolution, Educational Department, No. 1145, dated 24th July 1886.

Changes.—Apart from this, I do not advocate any changes of system. The college must be closely associated with the J. J. Hospital; the Principal of the College must be the Head of the Hospital, and the Surgeon General is the only officer who can possibly control the two institutions. The Director is referred to in matter of college discipline, but the real control—the appointment of Professors and the settlement of all medical questions—must remain, as it always ‡ has been, in the hands of the Surgeon General. No Director can possibly have the knowledge required for the real control of the college, and any attempt to make the Director responsible would end in the Principal being a despot in the college, and in his quarrelling with the Surgeon General over the Hospital, the great clinical school of the students.

‡ For more than 24 years I have been most careful never to interfere with the Surgeon General in any professorial matters.

As for the proposal to bring out professors from England, I consider that the pay given to educational officers would be insufficient, and that, as long as the College and the Hospital belong to Government and are paid for by Government, the staff must always be recruited § in the main from the Civil Medical Department of Government. We could not run the Grant College cut off from

§ I should like to see the number of minor or half-time chairs increased and the pay a little raised, and I should like to see outsiders more frequently selected for these chairs, except in the case of Medical Jurisprudence, which naturally belongs to the Government Analyst.

the medical service any more than we could run Government Arts Colleges cut off from the Educational Department. For the filling of temporary vacancies, and still more, for the maintenance of discipline, it is necessary in each case that there should be a service on which we can draw.

In addition to the above opinion of the Director of Public Instruction, I wish to remark further on the care which is taken in selecting men for teaching work, and to state that changes among the professors are rare, and when they do take place, as of necessity they will, whether Indian Medical Service men or outsiders fill the chairs (this last point being entirely overlooked by the memorialists), arrangements are made of the kind I have already detailed, *viz.*, that the relieving officer shall be a professor of a subject cognate to the one taught by the officer going on leave. Incompetence in the teachers of the Indian medical schools is seldom found or complained of.

It is advanced by the memorialists that the College and Hospital appointments are set apart for the members of the Indian Medical Service to enable a reserve of Military Medical Officers to be maintained to meet contingencies, and I submit that there is no doubt that they do so act, though perhaps it would be impossible to withdraw them all for war purposes. This, however, points to insufficiency of reserve rather than to its illusionary character. It is, moreover, very clear that Government, who support the expense of working the institutions specified, should have the right of appointing men to carry on the work over whom they have control. The case of similar institutions in England does not apply as they are either endowed or supported by charitable subscriptions, and further the appointments to their medical staffs are honorary.

I will now review the educational position generally as it affects the class of men from whom the Assistant Surgeons are drawn; their parents mostly as I am informed are clerks in Government and other offices, engine drivers, small shop-keepers and railway employés, a class who would in England be entirely debarred from the medical profession for pecuniary reasons only, and it is obvious that this class compares unfavourably from the point of view of general education with the class of men who enter the Indian Medical Service. Medical education in India is far cheaper than in England (see table of fees attached) both for Hospital courses and College degrees and diplomas. The M.D. of the London University, for instance, costs £25 and not long ago the conjoint diplomas of M.R.C.S. England and L.R.C.P. London cost £31.

The statement attached shows in full the cost of medical education in England and in India and it may be stated here in addition that the extra cost which would be entailed on a native of India, who had been educated in India, would be less than £200 for passage to and from Europe, residence in Europe for twelve months, fees for medical degrees and extra expenses which might be incurred in working up for the competitive examination for the Indian Medical Service. Supposing the Indian student to expend fully £200, he would still, as the table shows, have spent £150 less than his European competitor. It should be noted that in calculating the expenses of the latter I have allowed him only £80 a year to live upon for five years, a degree of economy which few men are successful in practising.

Military Considerations.

I propose here to show, as briefly as possible, that so far from any reduction in the present cadre of the Bombay Medical Department being possible, any attempt of the kind would leave the Bombay Army undermanned.

Statement G shows the present distribution of the Bombay Medical Department with reference to civil and military employ, and it may at first sight seem that an unduly large proportion (65 : 52) are in civil employ. I shall however demonstrate that there are barely enough officers to allow of one being posted to each regiment and for the necessary details of the medical officers to field and base hospitals, as would be necessary in war time. There are thirty-seven regiments of cavalry and infantry and a corps of sappers and miners numbering 30,470 men of all arms for whom thirty-eight regimental medical officers would be required in war. In peace time from leave or sickness and from one officer having charge of two or more regiments in the same station, less than this number suffices, but in war not only would the regimental medical officers be required to accompany their regiments to the front, but a much larger force of medical officers would be required, on the lines of communication in field and general hospitals and as a reserve for casualties. It should also be pointed out that there are no military medical officers unemployed under present arrangements, they are all in regimental charges. The recent force sent to Suakin is an example of the medical outfit deemed necessary in these days of humanity for a force of 3,500 men (Native troops). There were with the

Suakin force besides three regimental medical officers, eight attached to the two field hospitals and six attached to the general hospital, making a total of seventeen medical officers for 3,500 men. The proportion of regimental medical officers to medical officers on duty with hospitals is instructive, and it must be remembered that the Suakin force is a force with a sea base of operations.

It is clear also that the larger the fighting force and the farther it is from its base the more medical officers will be required, as the sick have to be tended while *en route* to the base as well as halted at frequent intervals for rest; for these halts, where possible, provision must be made by field hospitals.

The Chitral figures point the same moral, but I have, I hope, said enough to prove that reduction of medical officers is by no means possible but rather if efficiency and readiness of the Bombay Army for the field have to be considered, an increase of the establishment is to be demanded.

The memorialists seem to have ignored these facts in their rush for self-aggrandisement at the expense of the State, but 1 must urge, as the medical adviser of Government, that reduction would be in the highest degree unsafe and impolitic. The position now is that Government have a body of officers capable of carrying on both the civil and military peace duties at a cost very slightly exceeding the unemployed pay of his rank for each officer (see statement attached). The position sought to be imposed on Government is one in which as long as military reduction is impossible Government will pay three men to do the work now done by two, *viz.*,—

Military Medical Officers drawing rank pay. No. 3 = the necessary reserve.	1 Administrative. 2 Regimental or Station Hospital.	As at present.
	3 Unemployed Supernumerary would have been in civil employ under present arrangements.	
Civil Medical Officers of the proposed new service.	Drawing $\frac{2}{3}$ pay of officers of equal standing in the Indian Medical Service and not available for military purposes.	

Financial Considerations.

With regard to the introduction of the station hospital system among Native troops, there may at first sight be a saving possible both in reduction of officers and establishment. It is curious to see how in this instance Natives of India are actually found to advocate a measure which, had it been introduced by Government, would have been strongly opposed by them. Their present advocacy gives an unmistakeable indication of their class.

The objection to the system which has no doubt prevented its introduction is the difficulty of making provision for caste prejudices. In the Bombay Presidency, for instance, suppose a native cavalry and two native infantry regiments in a station provided with only one station hospital :—

The Bombay cavalry are all of them high caste men, while the infantry are admittedly not so. There will be difficulty and increased expenditure necessary to provide for them all in the same building, seperate cook-rooms being an essential provision. As an additional example to prove the power of caste feeling, I may mention that a proposal has just been received from an eminent Hindu gentleman to spend R1,250 at a certain hospital in providing seperate accommodation for the dead of different castes. All the necessary accommodation already exists under the regimental system which naturally is much preferred by the men themselves and the medical officer has the advantage of knowing personally every man, no small one when dealing with men of another race and language. Under the station hospital system all this hold over the men would inevitably be lost. The policy of such economy is doubtful. In plain words it is to run the risk of spreading discontent and dissatisfaction among the fighting men in order to silence the clamour of an effeminate minority.

Financial, Civil Branch, Educational.

Statement B attached gives the salaries of the College Professors showing the proportion of pay of rank to the amount drawn. It will be noted that the difference between pay of rank and pay of appointment, *i.e.*, the salary of the post proper without military pay, exceeds the military pay in the cases of Surgeon-Captains Childe, Meyer and Collis Barry. In all other cases this item is less than the military pay, and the more senior the professor the less is the amount he draws for his professorial chair and the larger is the proportion of pay of rank, of course on the principle of increased pay for length of service. Supposing for instance the First Physician were to be placed on military duty and his appointment laid open for the proposed civil medical service: Government now pay R1,050 a month for the First Physician and in addition they have a retainer on him for war emergencies. If the new civil medical service

were introduced, Government, in order to retain the services of their military officer, would give him his rank pay here noted as R677—unemployed scale.

This leaves R372 odd as pay of the First Physician. *Question*—Will Government get as good a man for R372 as for R1,050?

Or can twe men of equal standing and ability be expected to enter Government service for the same pay as is now drawn by one?

I agree with Mr. Chatfield's remarks on the minor chairs, and should like to see them more often held by Assistant Surgeons. I say Assistant Surgeons advisedly, as I think in justice to them as Government servants and if otherwise well qualified, they should have the first refusal of these appointments under Government.—The memorialists posing as champions of the Assistant Surgeons do not urge this point or even allude to it. Assistant Surgeons already do the major part of the teaching at the Hospital Assistant Schools at Ahmedabad, Poona and Hyderabad (Sind).

Statement C shows the proportion of pay in the Sanitary Department arranged as in A, and, after reading it, one may fairly ask what class of sanitary officer will Government get for R122 per mensem,—certainly not the sanitary expert of the memorialists. Either Government must discharge the military officer or raise the Sanitary Commissioner's pay. One alternative has been shown to be out of the question, and the other is not economy but increased expenditure.

In conclusion I may be allowed to point out—

(1) that if it be granted that no military reduction is possible, then the most economical plan of working Government Medical Service is the present one;

(2) that the Indian Medical Service is, and has always been, both civil and military in character;

(3) that in addition to their purely medical duties, the present Civil Medical Officers are in most appointments the administrators of Government funds, and in other ways manage the large institutions in their charge;

(4) that it would be hard on men now serving Government both as Covenanted Officers and Assistant Surgeons, if men were to be put into appointments in the service who had never undergone any entrance test and who would owe their election to patronage possibly unduly influenced;

(5) that the memorial while professing to champion the Assistant Surgeons in reality hardly advocates their claims at all;

(6) that the memorialists have selected the best appointments for discussion, especially the educational, which are to be given by patronage to men, as we are told with monotony, of *proved* merit and ability. No recommendation is submitted to Government on the other hand as to how the less advantageous posts, such as Shikarpur for instance, are to be filled. It might fairly be predicted that if a gentleman were selected from the local Open Profession to become Civil Surgeon at Shikarpur, he would not join his appointment.

I would invite the special attention of Government to the financial statements attached which represent the actual cost to Government of the Bombay Medical Service on the 1st of September 1896.

Accompaniments to the letter from the Surgeon General with the Government of Bombay, No. 6983, dated 11th September 1896.

BOMBAY PRESIDENCY ASSOCIATION.

Public Meeting.

A public meeting of the inhabitants of Bombay will be held at the Gaiety Theatre on Wednesday next, the 5th instant, at 5-30 P.M., for the purpose of adopting a memorial to the Secretary of State for India on the separation of the Civil Branch of the Medical Service from the Military.

DINSHA EDULJEE WACHA,
N. G. CHANDRAVARKER,
A. M. DHARAMSI,
Honorary Secretaries.

April 11th, 1896.

Proposed Medical Reform in India.

Extract from the "Times of India" dated Thursday, 16th April 1896.

A public meeting convened by the Bombay Presidency Association was held yesterday at the Gaiety Theatre for the purpose of considering the question of the proposed separation of the Civil Branch of the Indian Medical Service from the Military. The Meeting was very poorly attended by the general public, who did not come in sufficient numbers even to fill up the whole of the orchestra stalls, the front row of the gallery being occupied by young students.

A few of the members of the Association and about twenty Medical gentlemen who attended the Meeting were accommodated on the stage, the only lady present being a daughter of Dr. Atmaram Pandurang. The Hon'ble Mr. P. M. Mehta, C. I. E., the President of the Association, occupied the Chair.

Mr. D. E. Wacha, one of the Secretaries of the Association, having read the notice convening the Meeting,

The Chairman, who was received with cheers, said that the Association had thought it desirable to call the Meeting because the subject was one which affected the vital interest of the public at large and the interests of medical research, medical education, medical relief, and of sanitation generally throughout the whole of the country. They were all aware how their Medical Colleges were manned. One would imagine that the principal colleges of the country had specialists employed to instruct students in all the special branches of the medical science but instead of such specialists they found that the colleges were manned by Professors, who were sent there because they could be at times spared from Army requirements. They were not specialists in any sense, but they were said to be capable of performing any wonderful feat which they might be asked to perform. (Laughter.) At one time one of those Professors, who was deemed qualified to teach Anatomy, was considered fit at another moment to occupy the Chair for Chemistry or Physiology, or in fact every possible branch of medical science, and that was the system under which their medical education was carried on. It was a monstrous anomaly that members of the Subordinate Civil Service occupying the position of Assistant Surgeons in the Presidency, who were considered the best products of their highest medical education, should begin with a salary of R100 rising to an unprecedented amount of R200 a month (Laughter and applause.) It was true that they were entitled to pension after a certain number of years, but it was invariably found that very little of life remained to enable them to enjoy their pension. (Laughter.) The system at present in vogue was simply a scandal, and he hoped that at no distant date they would be able by dint of constant agitation to remove that scandal. (Loud applause.)

Dr. Bahadhurji proposed, (*a*) that the existing medical administration of India, with its two Military Medical Services, for one of which all higher Civil appointments in the departments of education, sanitation, and civil medical relief are exclusively reserved, is indefensible in principle, harmful in its operation, and inordinately costly; and that this Meeting considers that a radical reform in the present system, by a complete separation of Civil and Military Service, is urgently demanded in the interests of medical science, medical education, and the cause of sanitation generally in this country; (*b*) that the Meeting further places on record its strong opinion that the time has now come when a decided improvement should be introduced into the position, emoluments, and prospects of that portion of the Civil Medical Service which comprises the Assistant Surgeons and the Hospital Assistants. In support of his proposition Dr. Bahadurji referred to what had been said by the late Sir Erskine Perry, who presided at the first distribution of prizes at the Grant Medical College, regarding the introduction and the fostering of medical education in Bombay. The system, he said, at present in vogue in connection with the Medical Service was indefensible in principle and subversive of all the traditions of the profession. The speaker then alluded to what men like Mr. Ernest Hart and other medical gentlemen of high eminence thought about the Indian Medical Service, and proceeded to remark that the system had, besides being very expensive, proved injurious to the best interests of medical science and profession and the sanitation of the country. In concluding his speech he put it to the members of the Service, who wished to retain their lien on some of the fat appointments in the Service, whether it was not in the interest of the profession, and the country at large that they should join them in doing away with the utterly indefensible system of reserve, and to effect the reform of having one Military Medical Service and to have the Civil Medical Service recruited from members of the profession, whether they came from England or belonged to India. (Applause.)

The Honourable Mr. Daji Abaji Khare, in seconding the proposition, said that the present system necessarily narrowed the choice of Government, and there was in fact no competition worthy of its name and it gave no impetus to anybody who was not in the Service.

Dr. Bhalchandra Krishna, in supporting the proposition, said that the question for their consideration lay in a nutshell, and it was whether they were prepared to allow the present state of affairs to continue any longer, and he thought that he was expressing the feelings and views of the general public and the profession that the time had now come when they should continue to agitate until the proposed reform was effected. He had high respect for the present staff of Professors; but they were not concerned with men, but with principles. (Applause.)

Dr. Atmaram Pandurang said that the system in question did not exist in any civilized country in the world. It showed that men outside the Service were fit for nothing, whereas those belonging to the Service were fit for everything. (Laughter and applause.)

The proposition was then put to the vote and carried.

The Hon'ble Mr. A. M. Dharamsi moved that a committee of the undermentioned gentlemen be appointed and authorized to draft memorials in terms of the above Resolution, and that such memorials be forwarded to the proper authorities under the signature of the Chairman of the meeting—The Chairman, Mr. N. V. Gokhale, Mr. F. M. Kanga, Dr. S. W. Kane, Dr. Bhalchandra K. Bhatavadekar, the Hon'ble A. M. Dharamsi, and Mr. D. E. Wacha. He said that a little consideration showed him that the public at large were equally, if not more, interested in the question as the medical profession. The whole system of medical administration in this country was faulty, and it needed a radical reform. Now that the public mind was awakened to the faulty system, which provided for comfortable berths for military officers in the Service, they must agitate and continue to agitate until they accomplished their object (Applause.)

Mr. N. M. Samarth said that the reform they were agitating for was based on the solid foundation of justice and equity. They were fighting for the recognition of merit wherever found, irrespective of caste, creed, or colour.

Dr. M. G. Deshmukh thought this to be a very opportune time to approach the Secretary of State for India, inasmuch as they had the support of such authorities as the *British Medical Journal* and the British Medical Association.

Mr. S. H. Hodiwalla said that members of the subordinate native medical service received the magnificent sum of R 15 a month, whic hamount he saw the other day in the advertisement columns of the *Times of India* was proposed to be given by the advertiser to a cook. (Laughter.)

The proposition was then put to the vote and carried.

The Chairman said that the next proposition would be submitted by D. J. C. Lisboa, who had unfortunately lost his voice, and who proposed to reserve his remarks for some future occasions. (Loud laughter and applause.) The Chairman then holding a paper in his hand said that it was Dr. Lisboa's speech, which might be taken as read. (Renewed laughter.)

The Chairman then read the next proposition which stood in the name of Dr. Lisboa, and which was as follows:—That this Meeting elects Dr. K. N. Bahadurji, M. D. (London), as its delegate to England to give evidence before the Royal Commission on Indian Expenditure and to represent the views of this Meeting before the British public.

Mr. N. V. Gokhle, in seconding the proposition, paid a great compliment to Dr. Bahadurji for conducting the agitation, and said that the question having already been discussed on the platforms of the National and Provincial Congresses should, if necessary, be taken to the House of Commons.

Diwán Bahádur Manibhoy Jasbhoy having supported the proposition, it was put to the vote and carried.

Dr. Bahadurji here rose and begged that he might be allowed to supplement his remarks already made to the Meeting. He said that in agitating the question he had only done his duty.

On the motion of Mr. D. E. Wacha, a vote of thanks was passed to the Chairman, and the proceedings terminated at about 7-15 P.M.

A.

Statement showing Pay drawn by Officers in charge Civil Stations analysed into Pay of Rank and Charge Allowance.

Rank of Officer.	Appointment.	Length of Service.	Pay of Appointment.	Unemployed Pay.	Difference.	Remarks.
			R	R a. p.	R a. p.	
Surgeon-Major	Port Surgeon, Aden	Over 13 years	800	640 14 6	159 1 6	
Surgeon-Lieutenant-Colonel	Civil Surgeon, Ahmedabad	" 22 "	1,050	852 3 7	197 12 5	
Surgeon-Major	Do. Belgaum	" 14 "	825	640 14 6	184 1 6	
Surgeon-Major	Do. Karáchi	" 20 "	950	852 3 7	97 12 5	
Surgeon-Lieutenant-Colonel	Do. Poona	" 21 "	1,050	852 3 7	197 12 5	
Surgeon-Captain	Assistant ditto ditto	" 6 "	550	392 5 2	157 10 10	
Surgeon-Captain	Civil Surgeon, Aden	" 8 "	550	392 5 2	157 10 10	
Surgeon-Major	Do. Ahmednagar	" 15 "	750	677 6 11	72 9 1	
Surgeon-Captain	Do. Bijápur	" 6 "	550	392 5 2	157 10 10	
Surgeon-Major	Do. Broach	" 15 "	750	677 6 11	72 9 1	
Surgeon-Major	Do. Dhárwár	" 18 "	750	677 6 11	72 9 1	
Surgeon-Major	Do. Dhulia	" 20 "	950	852 3 7	97 12 5	
Surgeon-Major	Do. Hyderabad	" 15 "	750	677 6 11	72 9 1	
	Do. Kaira		In charge of Civil	Assistant-Surgeon		
	Do. Kárwár		Do. do.	do.		
Surgeon-Lieutenant-Colonel	Medical Officer, Rájkot	Over 21 years	950	852 3 7	97 12 5	
Surgeon-Major	Superintendent, Mahábleshwar	" 18 "	750	677 6 11	72 9 1	
Brigade-Surgeon-Lieutenant-Colonel	Do. Mátherán	" 28 "	950	888 12 0	61 4 0	
Surgeon-Major	Civil Surgeon, Násik	" 18 "	750	677 6 11	72 9 1	
	Do. Panch Maháls		In charge of Civil	Assistant-Surgeon		
Surgeon-Major	Do. Ratnágiri	Over 13 years	750	640 14 6	109 1 6	
Surgeon-Major	Do. Sátára	" 18 "	750	677 6 11	72 9 1	
	Do. Shikárpur		In charge of Civil	Assistant-Surgeon		
Surgeon-Major	Do. Sukkur	Over 15 years	750	677 6 11	72 9 1	
Surgeon-Major	Do. Surat	" 18 "	750	677 6 11	72 9 1	
Surgeon-Major	Do. Thána	" 19 "	750	677 6 11	72 9 1	
Brigade-Surgeon-Lieutenant-Colonel	Physician, St. George's Hospital	" 29 "	1,250	888 12 0	361 4 0	
Surgeon-Captain	Resident Surgeon, do.	" 8 "	800	392 5 1	407 10 10	Professor of Materia Medica.
Surgeon-Lieutenant-Colonel	Medical Officer, Gokuldás Tejpál Hospital.	" 21 "	1,200	852 3 7	347 12 5	

	R
Average pay—(all appointments column 4)	827
Average difference—(column 6)	140
Extra expenditure per month per appointment (necessary under proposed scheme)	411 (827 × ⅔ = 551—140 = 411)

B.

Statement showing Pay drawn by College Professors analysed as in Statement A.

Rank of Officer.	Appointment.	Length of Service.	Pay of appointment.	Unemployed Pay.	Difference.	REMARKS.
			R	R a. p.	R a. p.	
Surgeon-Captain	Professor of Ophthalmic Medicine and Surgery.	Over 9 years.	700	392 5 2	307 10 10	Draws R200 for Minor Professorship, Zoology.
Surgeon-Major	Professor of Medicine and Clinical Medicine.	" 18 "	1,050	677 6 11	372 9 1	
Surgeon-Captain	Professor of Pathology and Morbid Anatomy.	" 9 "	850	392 5 2	457 10 10	
Surgeon-Captain	Professor of Physiology, Histology, and Hygiene.	" 9 "	850	392 5 2	457 10 10	Draws R200 for Minor Professorship, Hygiene.
Surgeon-Captain	Professor of Anatomy and Curator of Museum.	" 6 "	725	392 5 2	332 10 10	
Surgeon-Captain	Professor of Chemistry and Chemical Analyser to Government.	" 9 "	850	392 5 2	457 10 10	Draws R200 for Minor Professorship, Medical Jurisprudence.
Surgeon-Major	Professor of Surgery and Clinical and Operative.	" 19 "	1,050	677 6 11	372 9 1	Acting Principal, Grant Medical College in addition.
Surgeon-Major	Professor of Midwifery	" 16 "	1,050	677 6 11	372 9 1	

C.

Statement showing Pay drawn by Sanitary and Deputy Sanitary Commissioners analysed as in Statement A.

Rank of Officer.	Appointment.	Length of Service.	Pay of Appointment.	Unemployed Pay.	Difference.
			R	R a. p.	R a. p.
Surgeon-Lieut-Colonel.	Sanitary Commissioner	Over 20 years.	1,200	852 3 7	347 12 5
Surgeon-Major	Deputy Sanitary Commissioner, Western Registration District.	" 14 "	800	640 14 6	159 1 6
Do.	Deputy Sanitary Commissioner, Central Registration District.	" 18 "	800	677 6 11	122 9 1
Do.	Deputy Sanitary Commissioner, Southern Registration District.	" 19 "	800	677 6 11	122 9 1
Surgeon-Captain	Deputy Sanitary Commissioner, Sind Registration District.	" 8 "	600	392 5 2	207 10 10
Do.	Deputy Sanitary Commissioner, Gujarát Registration District.	" 9 "	600	392 5 2	207 10 10

D.

Statement showing the number of Commissioned Medical Officers in the Civil Department and the amount of Pay drawn by each of them as it stood on 1st September 1896.

Number of Officers.	Pay.	Remarks.
	R	
1	2,500	The Principal of the Grant Medical College, now on furlough, draws R1,600; his *locum tenens'* pay is R1,325.
1	1,325	
1	1,250	
2	1,200	
7	1,050	
4	950	
3	850	
1	825	
6	800	
11	750	
1	725	
2	700	
2	600	
3	550	

E.

Statement showing the number of Civil Assistant-Surgeons in the Civil Department and the amount of their Pay and Allowances as it stood on 1st September 1896.

No.	Rank.	Pay.	Allowances.	
		R	R	
18	1st Class Assistant-Surgeons .	200	150	
4	2nd Class do. . .	150	50	
1	Do. do. . .	250	...	Consolidated pay.
13	Do. do. . .	150	35	
3	Do. do. . .	150	150	Holding acting appointments of Civil Surgeons in the districts owing to paucity of commissioned medical officers.
1	3rd Class do. . .	100	100	
3	Do. do. . .	100	50	
8	Do. do. . .	100	20	

Note.—Assistant-Surgeons under 7 years' service are 3rd class.
Do. do. 14 do. 2nd class.
Do. above 14 do. 1st class.

F.

Statement showing the contrast between the cost of Medical Education per Pupil at the Grant Medical College, Bombay, and in England.

Cost in Bombay.	R	Cost in England.	£
Admission fee	25	For a perpetual student's ticket at a London Hospital	125
Fee for 5 years at R10 per month . . .	600	Books and instruments	25
Books and instruments	150	Fees for M.R C.S., L.R.C.P. (£30) . . . or London University M. D. or M. S. (£25). .	30 / 25
Cost of living for a native student, at a liberal calculation of R50 per mensem, for 5 years	3,000	Cost of living for 5 years at £80 per annum .	400
Total	R3,775		580
=in sterling	£220	*Total	£575

* According as double qualifications or London University is taken.

STATEMENT G.

Statement showing the Distribution of Commissioned Medical Officers of the Indian Medical Service, Bombay Presidency.

Civil.

Surgeon-General			1
Surgeon-Colonel			...
Brigade-Surgeon-Lieutenant-Colonels.	Civil Department—Present	4	
	Leave	*1*	
	Jail Department	1	
	Government of India	1	7
Surgeon-Lieut.-Colonels.	Civil Department—Present	7	
	Leave	*2*	
	Government of India	2	
	Municipality	1	
	Sanitary Department	1	
	Store-keeper	1	14
Surgeon-Majors	Civil Department—Present	13	
	Leave	*7*	
	Government of India	1	
	Sanitary Department	3	
	Professors	3	27
Surgeon-Captains	Civil Department—Present	4	
	Leave	*2*	
	Sanitary	2	
	Chemical Analyser	1	
	Professors	4	
	Secretary to Surgeon-General	1	
	Jail Department	2	16
Surgeon-Lieutenants			...
			65

Abstract—

Administrative	1
Civil Surgeons, etc.	28
Professors, Grant Medical College	7
Medical Store-keeper	1
Chemical Analyser	1
Secretary to Surgeon-General	1
Sanitary Department	6
Jail Department	3
Government of India	4
Municipality	1
Leave	*12*
	65

Military.

Surgeon-General			...
Surgeon-Colonels	Present	3	
	Leave	*1*	4
Brigade-Surgeon-Lieut.-Colonel			...
Surgeon-Lieut.-Colonels	Present	3	
	Leave	*2*	5
Surgeon-Majors	Present	9	
	Leave	*5*	14
Surgeon-Captains	Present	9	
	Leave	*4*	
	Personal Assistant	1	14
Surgeon-Lieutenants			15
			52

Abstract—

Administrative	3
Present Regimental	35
Personal Assistant to Principal Medical Officer	1
Leave	*13*
	52

Civil	65
Military	52
Grand Total	117

No. 11. From J. DEC. ATKINS, Esq., I.C.S., Secretary to the Government of Bombay, General Department, to the Secretary to the Government of India, Home (Medical) Department,—No. 5249, dated the 30th November 1896.

I am directed to express regret that a reply has been so long delayed to your memorandum No. 22-741 of the 12th October 1895, in which it was requested that certain orders regarding Civil Assistant-Surgeons in Bengal should be applied to the Bombay Presidency.

2. The question of the position and prospects of Civil Assistant-Surgeons in this Presidency has recently been considered comprehensively by this Government in connexion with the proposals made in your letter No. 19-664, dated 25th September 1895, to which a reply will shortly be sent. In the meantime, however, I am directed to state, for the information of the Government of India, that it appears to His Excellency the Governor in Council that some misapprehension must have arisen, as the proposals in your memorandum now under reply appear to have been drawn up with reference to a system differing materially from that in force in the Bombay Presidency, and in particular with reference to the grievances of a class of supernumerary Assistant-Surgeons which does not here exist, and with reference to rules regarding "unemployed pay" which is not known in this Presidency. All the Assistant Surgeons in this Presidency hold permanent grade appointments, and draw the rates of pay attached to their respective grades, to which they are promoted in accordance with definite and well understood rules. While the pay of these officers is fixed irrespectively of the appointments they may happen to hold. Their "total emoluments" vary and consist in addition to "pay" of charge allowance and other allowances attached to certain appointments. When, as occasionally happens in consequence of officers returning from leave, etc., a few Assistant-Surgeons are without appointments, they draw grade pay without charge allowances, but they are not regarded as having lost their permanent appointments which are personal as distinct from local.

No. 12. From the Honourable Mr. J. F. PRICE, I.C.S., C.S.I., Chief Secretary to the Government of Madras, to the Secretary to the Government of India, Home Department,—No. 1032, dated the 21st December 1895.

I am directed to reply to your letter No. 19 (Medical)—663, dated 20th September 1895, requesting the views of this Government on the scheme under which it is proposed to increase the status and pay of Assistant-Surgeons in the Bengal Presidency and to abolish the unemployed pay of that grade except as a punishment, together with the estimates of the cost of similar changes in this Presidency; and also enquiring what number of List II Civil Station appointments this Government is willing to reserve for Civil Assistant-Surgeons.

2. In reply I am directed, in the first instance, to point out that in this Presidency the designation of "Assistant-Surgeon" applies only to a small number of men who are Assistants to District Medical and Sanitary Officers. There is one each of these for twenty districts with a reserve of three, or a total establishment of twenty-three. They are paid R100, R150 or R200 *per mensem* according to length of service, and, in addition, receive a charge allowance of R50. Their case cannot, therefore, be considered as altogether parallel to that of the officers bearing the same designation in Bengal, who number 39, commence on R50 *per mensem*, and are employed some in the Medical College, some in the Presidency Hospitals, but for the largest part in Mofussil, Municipal and local hospitals or dispensaries, and whose position seems to be more analogous to that of the Madras Civil Apothecaries who are paid as under:—

	Pay.	Charge allowance.
	R	R
1st 2 years	50	Nil
3 to 7 "	50	25
8 to 14 "	75	50
15 to 21 "	100	50
22 to 28 "	125	50
29 to 35 "	150	50

I am to add that this Government has now under its consideration proposals for considerably augmenting the staff of Assistant-Surgeons, mainly by the promotion of Civil Apothecaries of suitable professional qualifications, of whom there are a considerable number, but also, as may be found from time to time necessary, by the direct appointment of men who have taken the M.B. or L.M.S. degrees and who are not already in Government service.

3. Having thus explained the existing and probable future position in this Presidency as regards the employment of Assistant-Surgeons, I am to say that the question of unemployed pay of officers of this class has never arisen, as the establishment is fixed so as to meet only actual requirements.

4. After careful consideration this Government is of opinion that, in view of the limited establishment of Assistant Surgeons which is maintained by it and of the fact that, with the exception of two men who will probably be otherwise provided for before long, the Senior Assistant Surgeon entered the service so recently as 1882, it is not at present necessary or advisable to alter their grades or increase their emoluments. If it be found requisite to augment considerably the establishment, it will no doubt be desirable to create a superior grade. The conditions of service of those already employed would have to be maintained, but new rules could be prescribed for promotion by selection to the higher grades for future entrants. These are details, however, which His Excellency the Governor in Council would prefer to consider when a decision has been arrived at as to the future strength of the establishment of Assistant Surgeons. It will be seen from the foregoing remarks that the estimates asked for in paragraph 3 of your letter under reply cannot at present be furnished.

5. There remains the question of the reservation of List II appointments for Assistant Surgeons. There are but seven of these appointments in the Madras Presidency, *viz.*, Chatrapur, Chittoor, Cannanore, Guntur, Negapatam, Tellicherry, and Ootacamund, the last being for half the year only. Of these, Negapatam is permanently held by an Uncovenanted Medical Officer who was previously an Assistant Surgeon, and Chatrapur by a Military Assistant Surgeon. The others are in officiating charge of Assistant Surgeons. The Surgeon-General has proposed that three of these appointments shall be reserved for Military Assistant Surgeons. Should this suggestion be finally accepted, this Government will be prepared to reserve the remaining four appointments for Civil Assistant Surgeons, provided duly qualified and suitable men are available.

6. His Excellency the Governor in Council is strongly of opinion that Assistant Surgeons permanently placed in charge of List II appointments should be designated "Uncovenanted Medical Officers" and be brought on the scale of pay at present sanctioned for that class. It is of great importance that the best men locally available should be encouraged to enter the Medical Department; but as long as prospects in that department fall so far short as they now do of those in the Revenue and Judicial branches of the public service, it is improbable that the right stamp of man will come forward to enter it. The prospect of becoming in time an Uncovenanted Medical Officer on R350 rising to R700 a month will act as a great inducement to young men belonging to the Presidency to undergo the long and expensive training necessary to qualify them for entering into the service as Assistant Surgeons.

7. As there will probably be only four List II appointments available in this Presidency for Assistant Surgeons, this Government does not consider that the scheme proposed for Bengal, under which Assistant Surgeons holding charge of certain Civil Stations would be restricted to a consolidated salary of R350 *per mensem*, could with advantage be introduced here in respect of any one of the four appointments.

From—J. DEC. ATKINS, Esq., I.C.S., Secretary to the Government of Bombay, General Department, to the Secretary to the Government of India, Home Department,—No. 1669, dated the 25th March 1897. No. 13.

I am directed to reply to your letter No. 19-Medical-664, dated 20th September 1895, on the subject of the improvement of the position and prospects of Civil Assistant Surgeons in this Presidency.

2. Three questions have been submitted for the consideration of this Government. The first, which has reference to the abolition of the unemployed pay of Assistant Surgeons except as a punishment, does not, however, arise in this Presidency, in which the system of giving unemployed pay is not in force. The second proposal is that certain Second Class Civil Stations should be reserved for selected Civil Assistant Surgeons, who should be given the rank and pay of Uncovenanted Medical Officer. To give effect to this proposal it has been suggested that an Uncovenanted Medical Officer should be appointed to Alibág, where at present an Assistant Surgeon is employed in lieu of a Civil Surgeon, and that, as a set-off against the extra expenditure involved, the Civil Surgeoncy of Sholápur should be reserved for an Uncovenanted Medical Officer. There would thus be two appointments for Uncovenanted Medical Officers. As, however, the Civil Surgeoncy of Sholápur is now held by a promoted Military Assistant Surgeon, it will not be possible, until he retires, to give effect to this suggestion; and even after his retirement the introduction of the scheme will depend on whether the Civil Surgeoncy of Sholápur can or cannot be struck out of List A appended to my letter No. 531, dated 17th February 1893, which indicated the appointments reserved in this Presidency for Military Assistant Surgeons. If it is necessary that the appointment should continue to be reserved for a Military Assistant Surgeon, it clearly cannot be taken into account when considering the appointments which should be open to Civil Assistant Surgeons.

3. The third proposal is that a new grade of Senior Assistant Surgeons on R300 per mensem pay should be created, and it is proposed that, in order that this may be done without increase of cost, two promotions in inferior grades should be suppressed for every promotion made in the grade of Senior Assistant Surgeons. I am to say that the latter proposal cannot be regarded as either desirable or practicable in this Presidency, for, in the first place, two men would have to be disappointed for every man who was rendered contented, and, in the second place, the conditions of service in the Assistant Surgeon grades are that, irrespectively of vacancies, promotions from one grade to another shall be made after seven years' service in the former. The Governor in Council is, however, of opinion that it is desirable to create a grade of Senior Assistant Surgeons on R300 per mensem pay, as proposed by the Government of India, and that, if the condition that no increase of expenditure shall be incurred is waived, effect can be given to the proposal in the following way.

4. The pay and allowances of Assistant Surgeons in this Presidency are as shown in the margin. The allowances vary according as the officers are on the new scale or on the old scale, and it may be explained that all officers who began their studies for medical diplomas after September 1876 are on the new scale. Those in the first grade alone need be considered: and it will be seen that the prospects of officers on the new scale are far less satisfactory than are those of the officers on the old scale, and that the creation of a new grade on R300 pay is desirable in the interests of the former rather than in those of the latter. It is proposed to create for the former four appointments on R350 (R300 pay *plus* R50 allowance) emoluments equal to those at present received by all the officers on the old scale in the first grade. These appointments will, however, be kept vacant until the Assistant Surgeons specially selected for them have rendered at least 21 years of approved service. There will be no immediate increase of expenditure, but there will eventually be an increase of R100 per mensem for each of the four appointments. It may be borne in mind, however, that, before the time comes to fill these appointments, Government will have secured savings by the retirement of a certain number of old scale men whose emoluments (R200 pay *plus* R150 allowance) exceeded by R100 the emoluments of the new scale men who will gradually step into their places; and this may perhaps be regarded as a set-off against the proposed increase of expenditure. Turning now to the old scale men in the first grade, it is observed that, while on the one hand there appears to be no need for increasing their total emoluments, on the other hand they have a reasonable claim to be placed in as good a position as that eventually designed for new scale men. It is proposed, therefore, to convert four appointments on R200 pay *plus* R150 allowance, into four appointments on R300 pay *plus* R50 allowance. These appointments will be gradually abolished as the officers on the old scale retire. The scheme will involve no immediate increase of expenditure, but will improve the pension prospects of the specially selected Assistant Surgeons on the old scale, and will *pro tanto* increase the pension charges. In this case also, however, as in the case of the proposal regarding officers on the new scale, the savings which Government will secure by the gradual substitution of officers drawing R200 *plus* R50 (new scale) for officers drawing R200 *plus* R150 (old scale) in the *cadre* of First Grade Assistant Surgeons may perhaps be regarded as a set-off to the small increase of expenditure involved. From the nature of the case no detailed calculations as regards increase of expenditure or savings are possible, and the proposals cannot be regarded as altogether free from objection: but on the whole the Governor in Council is inclined to think that no more satisfactory and practicable scheme can be devised for giving effect to the Government of India's proposal to create a new grade of Assistant Surgeons on R300 per mensem pay.

	Old Scale.		New Scale.	
	Pay.	Allowance.	Pay.	Allowance.
	R	R	R	R
First Class .	200	150	200	50
Second " .	150	150	150	35
Third " .	100	100	100	20

No. 14. From H. H. Risley, Esq., C.I.E., Secretary to the Government of Bengal, Municipal Department, to the Secretary to the Government of India, Home Department,—No. 702-T.—M., dated the 26th September 1896.

I am now directed to reply to your letter No. 671, dated the 20th September 1895, conveying the observations of the Government of India on the several recommendations made by the Committee appointed by this Government to report on the pay, position, and prospects of Civil Assistant Surgeons in Bengal. The proposals of the Committee, and the action taken or proposed to be taken in regard to them, will be dealt with in the order in which they stand in the report:—

2. *I.—That unemployed pay should be abolished, and that 3rd grade Assistant Surgeons should be allowed their grade pay from the date of admission into the service.*—The views of the Government of Bengal on this proposal have already been expressed in paragraph 4 of

Mr. Bourdillon's letter, No. 773-Med., dated 27th February 1895; and in commenting on the subject in paragraph 4 of your letter, the Government of India observe that the grievance which the above suggestion is designed to remove would not have arisen in Bengal if care had been taken in the recruitment of Assistant Surgeons, and desire to be informed of the actual extra cost which will be involved in this proposal after making allowance for the consideration above stated. In reply I am to say that the opinion that Assistant Surgeons have been carelessly recruited in past years does not appear to be borne out by the facts. Statistics furnished by the Inspector General of Civil Hospitals show that the average number of Assistant Surgeons on the unemployed list during the years 1892 to 1894 was 4·50, a figure that does not seem excessive for a cadre of 138 appointments, which experience shows to be subject to a high ratio of casualties, and to be liable to be called upon to meet many unforeseen demands. During the period in question the average cost of unemployed pay was R2,025 per annum, and it follows therefore that the cost of abolishing unemployed pay, *i.e.*, of paying an Assistant Surgeon the lowest grade pay (R100), whether he is temporarily employed or technically "unemployed" on hospital duty, may be taken to be about R2,000 a year, as was stated in paragraph 4 of this Government letter of the 27th February 1895.

3. *II.—That transfers on promotion should cease, Government paying the difference in pay resulting from the promotion in cases where the Municipality cannot or will not do so.*—Of the alternative proposals for meeting this difficulty, made in paragraphs 12 and 14 of the Committee's report, the Government of India approve of the suggestion that local bodies requiring the services of a medical officer of the Government establishment should be required to contribute a fixed sum annually, calculated on the average pay of the particular class of medical officer required, which would entitle them to the services of an officer of that class without reference to grade, and it is requested that steps may be taken to give effect to this arrangement in Bengal. This has now been done, and I am to submit, for the information of the Government of India, the accompanying copy of a resolution* containing the orders issued by the Lieutenant-Governor on the subject, after consulting the Accountant General, who represented that grave inconvenience would be caused if the new arrangement were introduced before the beginning of the next financial year. I am to add that the Inspector General of Civil Hospitals will be instructed to see that a fair proportion of men of each grade is employed by the municipalities, so that the average shall not work out to the disadvantage of Government. It will further be necessary to provide that the members of the new senior grade shall be liable on promotion to be removed from municipal appointments and employed on the charge of small civil stations.

* No. 2977-Med., dated 18th July 1896.

4. *III.—That in certain specified appointments grade pay and allowances should be consolidated so as to carry pensionary rights.*—This has been disposed of in paragraph 6 of Mr. Bourdillon's letter of the 27th February 1895. The views of this Government, which were expressed in that paragraph, have been accepted by the Government of India, and no further action is required to be taken in the matter.

5. *IV.—That a further increase of R50 per mensem should be granted at the end of 21 years' service, subject to the usual professional examination; successful candidates to be graded as senior Assistant Surgeons.*—In paragraph 7 of this Government letter No. 773-Med. of the 27th February 1895, it was stated that, for the reasons given in paragraph 6 of my letter No. 1372, dated 5th July 1891, the Lieutenant-Governor was unable to support this proposal. The Government of India, however, consider that good cause has been shown for improving the position of Assistant Surgeons, and in lieu of the Committee's proposal, which is found to be imperfect, they suggest that the service should be divided into four grades on R100, R150, R200, and R300 a month, respectively. Unemployed pay being abolished, an Assistant Surgeon would draw the pay of the lowest grade, *viz.*, R100, from the date of entering the service. After seven years' service, and subject to the usual examination, he would be promoted to the grade of R150. After 14 years' service there would be a second examination to which those considered by the Inspector General of Civil Hospitals fit for promotion to the R200 grade would be admitted, while promotion from the grade on R200 to that on R300 would be made entirely by selection and without any further examination, but subject to a minimum of seven years' service in the lower grade. The subsequent advancement of an Assistant Surgeon to the Uncovenanted Medical Service would depend, as at present, on exceptional qualifications and ability. In order to meet, as far as practicable, the expenditure involved in this proposal without incurring additional expense, it is suggested that some limit should be imposed on promotions from the first to the senior grade, and that, for every promotion from the grade on R200 to that on R300, two promotions from the R150 to the R200 grade should be

suppressed. The Government of India desire to be furnished with the views of the Lieutenant-Governor on the above scheme, together with an approximate estimate of the cost of introducing it, as compared with that of the present establishment of Assistant Surgeons in Bengal. The Lieutenant-Governor has considered the scheme suggested by the Government of India, and it appears to him doubtful whether, if given effect to in the manner proposed, it would add to the attractions of the service or would be regarded by the Assistant Surgeons as an improvement in their prospects. The proposal to suppress two promotions from the second to the first grade for every promotion to the senior grade would in itself create serious discontent, which would be aggravated by the fact that the two steps withheld would be steps that had been earned by passing the examination, while the one promotion given would be determined by selection. On a question of this kind there can be little doubt that the Assistant Surgeons would be strongly supported by native public opinion, and the motives of the Government would be liable to misrepresentation of a kind to which it would not be easy to reply. It is true that the Government of India propose to admit to the examination for promotion from the second to the first grade only officers deemed fit for promotion, but here again the arbitrary interference of the Inspector General of Civil Hospitals would give rise to unfavourable comment, and in any case that officer would have either to restrict his selection so as to allow for promotions to the senior grade, or, on the other hand, to surrender the chance of making promotions to the senior grade in order to do justice to men in the second grade. The task of reconciling these conflicting claims would be one of almost insuperable difficulty, and would demand, on the part of the Inspector General, greater insight and knowledge of local conditions than can be looked for in most holders of that office. The Government of India will remember that in several cases which have come before them serious friction has been caused by the inability of an Inspector General, who had gained his experience in another province, to deal judiciously with the Civil Assistant Surgeons of Bengal, and it is undesirable to introduce a change which would add greatly to the risk of similar complications.

6. The Lieutenant-Governor, however, fully recognises the desirability of rendering service in the class of Civil Assistant Surgeons more popular, and the scheme suggested by the Government of India seems in its general lines to be likely to secure this end. The main obstacle is that of expense, and this, it appears to His Honour, can only be got over by taking an entirely new departure and reorganising the service on the system which is followed in the case of the Subordinate Executive Service. Instead of giving promotions, as at present, after seven years' service in the grade irrespective of vacancies in the next higher grade, Assistant Surgeons should be arranged in grades the number in each of which should be calculated on actuarial principles, so as to give an even flow of regular promotion, by the operation of deaths, retirements, etc., up to and including the first grade, and exceptional promotion to the new senior grade after not less than seven years' service in the first grade. An examination would be required as a condition precedent to promotion to the first and second grades, but the Lieutenant-Governor would dispense with this in the case of promotions to the senior grade, which would be made by selection on the recommendation of the Inspector General of Civil Hospitals. The ultimate result contemplated by this arrangement and its financial effect are shown in columns 1 to 5 of the table below, columns 6 and 7 of which relate to a further development of the scheme which is described in paragraph 7 below. There would be no reduction in the number of Assistant Surgeons, but the number in the different grades would be more evenly distributed, and the cost would eventually be ₨300 a month less than at present: —

PRESENT SCALE.	Cost per mensem in 1896.	Average probable monthly cost during next 8 years, from 1897 to 1905, under existing conditions.	Proposed scale for existing cadre.	Cost per mensem.	Proposed scale enlarged to include sanitary appointments as explained in paragraph 7 below.	Cost per mensem.
1	2	3	4	5	6	7
Per mensem.	₨	₨	Per mensem.	₨	Per mensem.	₨
			Senior grade, 10, at ₨300	3,000	Senior grade, 10, at ₨300	3,000
First grade, 71, at ₨200	14,200		First " 40, " 200	8,000	First " 55, " 200	11,000
Second " 27, " 150	4,050		Second " 43, " 150	6,450	Second " 58, " 150	8,700
Third " 40, " 100	4,000		Third " 45, " 100	4,500	Third " 60, " 100	6,000
Total . 138	22,250	23,300	Total . 138	21,950	Total ... 183	28,700

Saving ₨22,250—21,950=300 per mensem, or ₨3,600 per annum.

Viewed in conjunction with the other concessions referred to in this letter, the above scheme appears to offer to Civil Assistant Surgeons an improvement in their prospects which ought to add materially to the attractions of the service. If allowance be made for the income which most of them make by private practice, it may fairly be argued that the arrangement suggested will place them in much the same position in relation to the Provincial Service as the Indian Medical Service occupies in relation to the Imperial Civil Service, and will thus recognise, as far as is possible, a claim which they have always advanced. It may be objected that the scheme reduces unduly the number of appointments in the R200 grade. But this only holds good as regards the present distribution, which depends on the accident of the service containing just now a large number of senior men. The normal distribution based on the average of the last ten years yields a very different result:—

	Number of Assistant Surgeons.	
	Average of last ten years.	Actuarial scale now proposed.
Senior grade	...	10
First "	40·7	40
Second "	64·1	43
Third "	43·2	45
	148·0	138

The difference of 10 appointments between the average total of the last ten years and the present strength is due partly to the abolition of several appointments of Deputy Sanitary Commissioner held by Assistant Surgeons, and partly to the employment by local bodies of Civil Hospital Assistants in the place of Assistant Surgeons. If the ten appointments thus reduced are deducted from the average number shown against the second grade, the scale now proposed will not compare unfavourably with the former state of things; for the further reduction of ten appointments in the second grade on R150 will be more than made up for by a corresponding number of appointments in the senior grade on R300.

7. Although the proposed scale when finally carried out promises to place the service of Assistant Surgeons on a satisfactory basis, its immediate effect will be to retard the promotion of existing incumbents unless special arrangements are made to guard against such a result. The annexed tables show that, if the existing system is allowed to continue until all Assistant Surgeons now in the service (barring deaths and other casualties) have attained the first grade on R200, it will take sixteen years to give effect to the new scheme, if the total number of appointments remains the same as at present. It will be seen, however, from my letter No. 703-T.—M., dated 26th September 1896, that the scheme for the reorganisation of the Sanitary Department, which the Lieutenant-Governor recommends for sanction, involves the creation, without additional cost to Government, of 45 Assistant Health Officers who will be drawn from the ranks of Assistant Surgeons, and whose pay, excluding allowances, will, for the purpose of that scheme, be taken at R150 a month. The funds for creating 15 such appointments will be available as soon as the three appointments of Deputy Sanitary Commissioner are abolished, and the Lieutenant-Governor would propose to allot these, and the further appointments of Assistant Health Officers which will be made as present members of the vaccination staff retire, in such a manner as to reduce to a minimum the delay in promotion which would otherwise be caused by the introduction of the new scheme. This, it is believed, can be readily effected. There are now in the second and third grades 67 men who under the existing rules will be entitled to promotion during the next sixteen years. As the 40 men in the third grade will be entitled to promotion twice, the total number of promotions to be provided for may be taken at 107, or, allowing for casualties, at 100. To meet this there will be 69 ordinary retirements, and the balance of 31 promotions may be met (*a*) by allotting 30 out of the new appointments between the first and second grades, and (*b*) by utilising the net savings on the new scheme to create such extra appointments as may be necessary to meet cases of retarded promotion. It would of course be necessary to provide that appointments of the latter class, which would be in excess of the cadre scale, should lapse as soon as they were no longer required to meet the claims of men who entered under the present system. The scale would then stand as is shown in columns 5 and 6 of the table in paragraph 6 above. The promotion of men who enter under the new system would be regulated by seniority tempered by selection for specially meritorious service. It would proceed, in fact, exactly as promotion does proceed in the Subordinate Executive and Judicial Services. If this principle is accepted by the Government of India, the Lieutenant-Governor anticipates no difficulty in giving gradual effect to it without detriment to the reasonable expectations of present incumbents. His Honour believes that it will materially add to the authority of the Inspector General of Civil Hospitals, and that it will be

financially advantageous not merely by causing a saving of R3,600 a year, but by fixing the cost of the Assistant Surgeon service, which now fluctuates considerably.

8.—*V.—That a few of the smaller civil stations should be reserved for Assistant Surgeons with a charge allowance of R150 carrying pensionary rights.*—While approving generally of the Committee's proposal, the Government of India desire that the allotment of Civil stations to Civil Assistant Surgeons should be made with due regard to the number of Civil Surgeoncies reserved for Commissioned Medical Officers and the number to be reserved for Military Assistant Surgeons. The views of this Government on the subject have already been communicated to the Government of India in my letter No. 320-Med., dated 24th January 1896, to which I am desired to invite a reference.

9. *VI.—That no bond should be exacted from students of the Medical College, and VII—That the present system of scholarships should be maintained.*—In paragraph 9 of Mr. Bourdillon's letter No. 773-Med., dated 27th February 1895, the history of the bond system is recited, and it was stated that although the Inspector General of Civil Hospitals, the Director of Public Instruction, and the Committee were opposed to its introduction into the Medical College in view of the experience gained in the Campbell Medical School, Sir Charles Elliott was not satisfied with the objections urged. He was of opinion that the system of scholarships should be maintained, but that they should be awarded only to those students who accepted the condition of taking Government service, and who at the same time were capable and studious and had done well in the examinations. Instructions were accordingly issued for the enforcement of the system of bonds in the case of all students to whom scholarships were awarded. It was found in practice, however, that students were unwilling to accept these terms, preferring rather to forego the scholarships than to submit to the condition of executing a bond to enter Government service. Under these circumstances it was deemed advisable, pending a further examination of the question, to suspend the carrying out of the orders requiring the execution of bonds from students of the Medical College. Sir Alexander Mackenzie has now given the subject his careful consideration, and he agrees with the authorities of the Medical College, the Superintendent of the Campbell Medical School, the Director of Public Instruction, and the Medical Committee in condemning the system as unsuitable and tending to hinder the recruitment of the best men for Government service. The procedure, I am to observe, is an exceptional one peculiar to Medical Schools. No such provision is known, or has ever been proposed, in Arts Schools or Colleges, or ever in the Sibpur Engineering College, the conditions of which as an institution giving a professional training and supplying recruits to a Government Department are in many respects similar to those of the Medical Colleges and Schools. I am to point out, moreover, that the rule is bound in practice to be a dead letter, as the bond can only be enforced by civil suit, and it is out of the question that Government should sue the parents or guardians of a student to recover so small a sum as R400. I am accordingly to recommend that the system be abolished altogether both in the Medical College and in the Vernacular Medical Schools. The scholarships awarded at these institutions should be maintained and given to the most deserving students. They are intended to encourage learning generally and to attract good students in view of the medical requirements of the country generally, and they should not be hampered by any condition as to liability to enter Government service.

	Number of appointments and cost under existing arrangement		Proposed scale.		Increase (+) decrease (−)	Remarks.
	Number.	Cost.	Number.	Cost.		
1	2	3	4	5	6	7
		R		R	R	
1896.						
Senior grade, Rs. 300	...	...	...	...		
1st " 200	71	14,200	...	...		
2nd " 150	27	4,050	...	...		
3rd " 100	40	4,000	...	...		
	138	22,250	...	...		
1897. Number of retirements 3 ; number expecting promotion to 1st grade 2, to 2nd grade 6.						
Senior grade	...	...	1	300		
1st " 71—3+2	70	14,000	69	13,890		
2nd " 27+6—2	31	4,650	31	4,650		
3rd " 40—6+3	37	3,700	37	3,700		
	138	22,350	138	22,450	+100	
1898. Retirements 2 ; promotion to 1st grade 6, to 2nd grade 7.						
Senior grade	...	...	2	600		
1st " 0—2+6	74	14,800	72	14,400		
2nd " 31+7—6	32	4,800	32	4,800		
3rd " 37—7+2	32	3,200	32	3,200		
	138	22,800	138	23,000	+200	
1899. Retirement 1 ; promotion to 1st grade 4, to 2nd grade 8.						
Senior grade	...	...	3	900		
1st " 74—1+4	77	15,400	74	14,800		
2nd " 32+8—4	36	5,400	36	5,400		
3rd " 32—8 +1	25	2,500	25	2,500		
	138	23,300	138	23,000	+300	
1900. Retirements 2 ; promotion to 1st grade 7, to 2nd grade 2.						
Senior grade	...	...	4	1,200		
1st " 77—2+7	82	16,400	78	16,400		
2nd " 36+2—7	31	4,650	31	4,650		
3rd " 25—2+2	25	2,500	25	2,500		
	138	23,550	138	23,950	+400	
1901. Retirements 3 ; promotion to 1st grade 3, to 2nd grade 8.						
Senior grade	...	...	5	1,500		
1st " 82—3+3	82	16,400	77	15,400		
2nd " 31+8—3	36	5,400	36	5,400		
3rd " 25—8+3	20	2,000	20	2,000		
	138	23,800	136	24,300	+500	
1902. Retirements 2 ; promotion to 1st grade 4, to 2nd grade 1.						
Senior grade	...	...	5	1,500		
1st " 82—2+4	84	16,800	79	15,800		
2nd " 36+1—4	33	4,950	33	4,950		
3rd " 20—1+2	21	2,100	21	2,100		
	138	23,850	138	24,350	+500	From this year one of the men in the senior grade may be taken as retired, so that his place will be filled up by promotion from the 1st grade.
1903. Retirements 6 ; promotion to 1st grade nil, to 2nd grade nil.						
Senior grade	...	...	5	1,500		
1st " 84—6	78	15,600	73	14,600		
2nd " 33	33	4,950	33	4,950		
3rd " 21+6	27	2,700	27	2,700		
	138	23,250	138	23,750	+500	
1904. Retirements 3 ; promotion to 1st grade 3, to 2nd grade 7.						
Senior grade	...	...	5	1,500		
1st " 78—3+3	78	15,600	73	14,600		
2nd " 33+7—3	37	5,550	37	5,550		
3rd " 27—7+3	23	2,300	23	2,300		
	138	23,450	138	23,950	+500	

	Number of appointments and average cost under existing arrangement during the preceding 8 years.		Proposed scale.		Increase (+) decrease (—).	REMARKS.
	Number.	Cost.	Number.	Cost.		
1	2	3	4	5	6	7
		R		R	R	
	1905. Retirements 12 ; no claim to promotion to 2nd grade without vacancies. Promotion to 1st grade 8.					
Senior grade 5—1+2.	...	...	6	1,800		
1st " 73—11—2+8	...	...	68	13,600		
2nd " 37—8+8	...	...	37	5,500		
3rd " 23—8+12	...	...	27	2,700		
	138	23,300	138	23,850	+550	
	1906. Retirements 6, promotion to 1st grade 4.					
Senior grade 6—1+2.	...	...	7	2,100		
1st " 68—5—2+4	...	...	65	13,000		
2nd " 37—4+4	...	...	37	5,550		
3rd " 27—4+6	...	...	29	2,900		
	138	23,300	138	23,550	+250	
	1907. Retirements 2, promotion to 1st grade 1.					
Senior grade 7—1+1.	...	...	7	2,100		
1st " 65—1—1+1	...	...	64	12,800		
2nd " 37—1+1.	...	...	37	5,550		
3rd " 29—1+2.	...	...	30	3,000		
	138	23,300	138	23,450	+150	
	1908. Retirements 3, promotion to 1st grade 2.					
Senior grade 7—1+1.	...	...	7	2,100		
1st " 64—2—1+2	...	...	63	12,600		
2nd " 37—2+2	...	...	37	5,550		
3rd " 30—2+3	...	...	31	3,100		
	138	23,300	138	23,300	*Nil*	
	1909. Retirements 13, promotion to 1st grade 8.					
Senior grade 7—1+3	...	...	9	2,700		
1st " 63—12—3+8	...	...	52	10,400		
2nd " 37—8+8	...	...	37	5,550		
3rd " 31—8+13	...	...	40	4,000		
	138	23,300	138	22,650	—600	
	1910. Retirements 6, promotion to 1st grade 3.					
Senior grade 9—1+2.	...	...	10	3,000		
1st " 52—5—2+3	...	...	48	9,600		
2nd " 37—3+5.	...	...	39	5,850		
3rd " 40+6—5.	...	...	41	4,100		
	138	23,300	138	22,550	—750	
	1911. Retirements 3, promotion to 1st grade 1.					
Senior grade 10—2+2	...	...	10	3,000		
1st " 48—1—2+1	...	...	46	9,200		
2nd " 39—1+3	...	...	41	6,150		
3rd " 41+3—3	...	...	41	4,100		
	138	23,300	138	22,450	—850	
	1912. Promotion to 1st grade 5.					
Senior grade	...	...	10	3,000		
1st "	...	...	40	8,000		
2nd "	...	...	43	6,450		
3rd "	...	...	45	4,500		
	138	23,300	138	21,950	—1,350	

N.B.—Promotion from 3rd to 2nd grade	. . . .	39
Ditto 2nd to 1st "	. . . .	61
		100
Death and other casualties	. . . .	7
		107

RESOLUTION—By the Government of Bengal, Municipal Department, No. 2977-Medl., dated the 18th July 1896. No. 15.

READ—

Paragraphs 10—14 of the Report of the Committee appointed to consider the questions of the pay, position and prospects of Assistant Surgeons, dated 19th December 1893.

Read also—

Paragraph 5 of the letter from the Government of India in the Home Department, No. 671, dated the 20th September 1895.

Rule 9 of the Dispensary Manual permits local authorities to appoint medical subordinates of the Government establishment to dispensaries in Class II, and requires them to do so in the case of dispensaries situated at the head-quarters of districts or sub-divisions. Under the existing rules these subordinates, whether Assistant Surgeons or Civil Hospital Assistants, are entitled to promotion after seven years' service in their grade on passing a professional examination. When such promotions occur, local authorities are usually unwilling to accept the increased charge for salary, and Government is asked either to replace the medical officer by one of a lower grade, or to meet the difference in pay from Provincial Funds. The transfer of officers on promotion causes, however, much hardship to them, and more especially affects those in the higher grades, while at the same time it interferes greatly with the efficient management of dispensaries.

2. In order to avoid these disadvantages, it was decided in 1893 that the increased pay to which a medical subordinate in charge of a local fund dispensary becomes entitled on promotion to a higher grade would be met from Provincial revenues, if the local body could show to the satisfaction of Government that they were really unable, owing to financial pressure, to bear the increased charge. This policy is still pursued in dealing with such cases, but experience has shown it to be wanting in finality, and to cause much inconvenience to Government, the local bodies, and the officers concerned. The Government of India have now expressed their approval of the introduction of a system which is in force in the North-Western Provinces, and under which the contribution by a local body of a fixed sam calculated on the average pay of a particular class of medical officer entitles it to the services of an officer of that class without reference to grade. This system was also recommended by the Committee appointed to report on the questions of the pay, position and prospects of Assistant Surgeons, and the Lieutenant-Governor, after carefully considering the subject, is of opinion that it promises to work more smoothly than the one already in force in Bengal. It will equalise the demands on local authorities and will secure them from those frequent changes which are unpopular in themselves and disastrous in their effect on dispensary administration. At the same time it will enable Government to provide permanent appointments for senior officers of the service, and thus to remove a long-felt grievance of the subordinate medical services. His Honour accordingly directs that the following clause be added after clause 2 of Rule 9 of the Dispensary Manual:—

"For the purpose of this rule the mean pay of an Assistant-Surgeon will be assumed to be R150 per mensem, and that of a Civil Hospital Assistant R38, and local authorities will be required to pay these sums into the treasury half-yearly in June and December irrespective of the actual pay of the officer appointed."

3. This rule will come into force from the 1st April 1897, and District Boards and Municipalities should frame their budgets accordingly. The actual pay and leave allowances of these officers will be a direct charge against the Provincial revenues in the first instance; and as the allowances of such officers during privilege leave are payable by the local bodies, these should also be calculated for the periods of such leave on the average rate now fixed. Cases where the application of this rule will cause hardship or inconvenience, or will conflict with pledges already given, will be specially considered. The sums annually due on account of the pay and privilege leave allowances of medical subordinates should be paid into the local treasury half-yearly.

4. In view of these orders, Rule 17 of the Dispensary Manual will be cancelled.

From the Chief Secretary to Government, North-Western Provinces and Oudh, to the Secretary to the Government of India, Home Department,—No. 415, dated the 17th February 1896. No. 16.

I AM now directed to reply to your letter No. $\frac{19\text{-Medl.}}{665}$, dated 20th September 1895, in which the views of this Government were asked upon (1) a proposal to abolish the unemployed pay for Civil Assistant Surgeons, and (2) a scheme designed to improve the status and pay of Civil Assistant Surgeons. I was also requested to report whether the Lieutenant-Governor had

any objection to reserving a certain number of Class II Civil Surgeoncies for Civil Assistant Surgeons, and, if not, how many such appointments this Government would be willing to reserve.

2. I am to say that the Lieutenant-Governor has no difficulty in accepting the principle that unemployed pay should be abolished except as a punishment. The cost of this reform will be small in the North-Western Provinces and Oudh, as recruiting is carried out with great care in these provinces. The average number of men on reserve duty in 1894 is stated by the Inspector-General of Civil Hospitals to have been 4·6 for each month, while the average pay of each officer in this category was R96. This result is due to the fact that Assistant Surgeons of the reserve were generally employed in officiating vacancies carrying the full pay of R100 per month. The total cost of abolishing unemployed pay is estimated at R800 only per annum, an amount which the Provincial revenues can afford.

3. The scheme for improving the status and pay of Assistant Surgeons appears from your letter No. 671, dated 20th September 1895, to the address of the Government of Bengal, to involve two changes in the present system. The first change is the introduction of selection into the question of promotions from the 3rd to the 2nd grade. The second is the creation of a new grade on R300 per mensem, to be filled by selection from the present 1st grade. It is suggested, however, that, to meet the cost of creating the new grade, it will be necessary to suppress two promotions from the 3rd to the 2nd grade for each appointment made in the new grade. The Lieutenant-Governor has no objection to offer to the first change, as he considers that only thoroughly efficient officers need get promotion beyond the R150 grade. The innovation will not be great, for Assistant Surgeons are even now not given promotion unless they have passed the necessary examination and are of approved conduct. His Honur will therefore agree to a rule allowing the Inspector General of Civil Hospitals to select the officers who shall be permitted to present themselves for the second septennial examination. While admitting, however, the desirability of improving the prospects of the class of officers in question by the creation of a new grade, he is of opinion that the concession should not be made at the expense of curtailing promotions to the present 1st grade. The 1st grade will, if the principle of selection is applied to it, consist only of thoroughly efficient officers of 14 years' service, for whom R200 per mensem is certainly not excessive pay. The Lieutenant-Governor is not therefore prepared to recommend that promotions to this grade should be restricted more than at present, except by selection. He would prefer that Local Governments should be authorized to promote selected Assistant Surgeons of not less than seven years' service in the R200 grade to the new grade on R300 up to a limit of 10 per cent. of the sanctioned number of Assistant Surgeons of all grades (excluding the reserve). The additional cost would be R100 per mensem for each appointment, and would amount, in these Provinces, for six appointments, to R7,200 per annum. The new grade might be gradually introduced, the maximum number of appointments in it being reached only after budget provision has been made at the commencement of a financial year.

4. I am now to refer to the proposal to reserve certain Civil Surgeoncies for Civil Assistant Surgeons. In the course of the correspondence ending with my letter No. 68, dated 10th January 1896, to your address, it was decided to reserve 12 Civil Surgeoncies for Military Assistant Surgeons. This number was arrived at after a careful consideration of the circumstances of each district, and may be taken as the maximum number of Civil Surgeoncies which need not be reserved for covenanted Medical Officers. Unless, therefore, the Government of India are willing to reduce the number of Military Assistant Surgeons for whom this Government is bound to find appointments, Sir Antony MacDonell is unable to propose that any district charges shall be reserved for Civil Assistant-Surgeons. If, however, His Excellency the Governor General in Council can reduce by two the number of Military Assistant-Surgeons to be employed in these Provinces, the Lieutenant Governor will be willing to reserve two Civil Surgeoncies (Ballia and Kheri) for Civil Assistant Surgeons.

No 17. From C. J. Hallifax, Esq., Junior Secretary to the Government of the Punjab and its Dependencies, to the Secretary to the Government of India, Home Department,—No. 547, Med., dated the 20th November 1896.

In replying to your letter No. $\frac{19 \text{ Medical}}{666}$, dated 20th September 1895, regarding proposals for the amelioration of the prospects of Native Assistant Surgeons serving under the orders of the Government of the Punjab, I am directed to forward, for the information of the Government of India, a letter from the Inspector General of Civil Hospitals, Punjab, No. 3584, dated 21st December 1895, and to convey the following observations of His Honour the Lieutenant-Governor.

2. The Lieutenant-Governor agrees that there is good reason for the proposal to abolish, except as a punishment, the unemployed rate of pay at R50 per mensem for Assistant Surgeons of the 3rd grade. He therefore supports the suggestion that Assistant Surgeon of the 3rd grade should be paid at the rate of R100 per mensem from their first appointment to the service, after having passed the prescribed examinations. There are at present five Assistant Surgeons in the Punjab in excess of the authorised scale, and it will take till 1898 before this excess can be absorbed. The extra expense on account of these men will be very slight, as they will probably be officiating in appointments on R100 per mensem for the greater part of the time before they would ordinarily pass out of the supernumerary list. After they have been absorbed, and with care in recruiting, the number of men who, it may be calculated, will at any time be without permanent employment will not be more than one or two at the most. The cost of the increase of pay proposed will therefore not ordinarily exceed R1,200 per annum, and will probably be less, as from time to time during the two years they are supernumerary one or both of the supernumerary men may be expected to officiate in permanent posts.

3. In addition to the grades on R100 (which will be the lowest pay after unemployed pay has been done away with), R150 and R200 per mensem, the creation of a new grade of Assistant Surgeons on R300 per mensem is suggested. His Honour observes that every 3rd grade man at present is entitled after seven years' service and passing an examination to be promoted to the 2nd grade, and every 2nd grade man is similarly entitled seven years' more service and passing a further examination to be promoted to the 1st grade. It will therefore be impossible to alter these conditions of promotion as regards men already in the service. Accordingly during the many years that must elapse before all these men (except those pronounced unfit, who are likely to be very few in number) have passed into the present 1st grade there would be no saving from which the extra expenditure required to meet the pay of a new grade on R300 per mensem could be met. But the Lieutenant-Governor is nevertheless prepared to support the proposal for the creation of a grade on R300 per mensem in which five places should be set apart for men to be promoted by selection. It would be hardly worth while to have less than five of the R300 per mensem posts: anything less would be nothing among so large a number of men as the Assistant Surgeons in the service of this Government. As no saving can be effected till all the men now serving have attained the R200 grade, an additional expenditure of R6,000 per annum will have to be provided for a number of years, but the expense can be ultimately met by limiting the number of promotions to the present 1st grade as soon as the Assistant Surgeons now in the service are disposed of. If this is approved of, a scheme for the alteration of the present system of promotion will be worked out.

4. As to the third suggestion of the Government of India, I am to remark that the Inspector General of Civil Hospitals appears to have misunderstood what was intended, the intention to the Government of India being apparently to make a rule for the promotion of a certain number of Assistant Surgeons to the Uncovenanted Medical Service in order to have always filled by men so promoted a certain number of appointments to be reserved for them, in Class II of the appointments for Covenanted or Uncovenanted Medical Officers noted in the schedule attached to Government of India Resolution in the Home Department, No. 17—481-94, dated 31st October 1884. There are at psesent 14 appointments in the Punjab that may be held by Covenanted or Uncovenanted Medical Officers. But in a letter from this office No. 1176-S., dated 24th October 1896, in reply to your letter No. 64, dated 19th February 1895, His Honour has agreed that two of these appointments should be transferred to the list appointments reserved for Covenanted Medical Officers in Class I, while at the same time the number of appointments reserved for Commissioned Medical Officers in Class II should remain at four. Moreover, under the proposals made in the letter from your office No. $\frac{\text{25-Medical}}{\text{314}}$, dated 31st October 1895, which were agreed to by the Punjab Government, five of the appointments in Class II are reserved for Military Assistant Surgeons. There thus remain in this class three appointments only which available for Uncovenanted Medical Officers of the status of promoted Assistant Surgeons. The two appointments of the Civil Surgeoncies of Jhang and Ludhiana have, with the sanction accorded in your office letter No. 300, dated 9th July 1884, already been reserved for Assistant Surgeons, but His Honour thinks that it is desirable to secure not only these two appointments, but also the third which is available in Class II for men promoted in the manner proposed by the Government of India, in order to provide as good prospects as possible for Native Assistant Surgeons. These three special appointments (which should be reserved without specifying that they will be made in any particular districts, as suggested in my letter No. 546, dated 20th November 1896, with regard to the appointments reserved for Jhang and Ludhiana) in addition to the five appointments in the new R300 per mensem

grade, are not more than the members of the service may reasonably expect to be reserved for them; and as there have for the last few years been three Uncovenanted Medical Officers in in charge of districts in the Punjab, there will be no increase of expenditure involved.

No. 18. From Surgeon-Colonel D. O'C. RAYE, M.D., Inspector General of Civil Hospitals, Punjab, to the Junior Secretary to the Government of the Punjab,—No. 3584, dated the 21st December 1895.

I HAVE the honour to acknowledge the receipt of your endorsement No. 449 of 7th November 1895, forwarding correspondence from the Government of India, Home Department, containing proposals for improving the status of Civil Assistant Surgeons, and to make the following remarks.

2. There are three points referred for consideration in Mr. J. P. Hewett's letter No. $\frac{19\text{-Medical}}{166}$ of 20th September 1895. The first is the proposed abolition of the unemployed pay of Assistant Surgeons, except as a punishment. Owing to the cessation of the guarantee of five appointments for Assistant Surgeons annually in the Punjab, and the fact that the Province has now considerably more than the authorized reserve of 15 per cent., no further recruitment will be required for some time. At the present moment we are five in excess, and I calculate that it will take at least two years to work off that excess. From, say, 1898 it may be necessary to recruit two a year. Under existing rules these two would start on R50 a month; but if they are to commence on R100 per mensem, it would mean an extra expenditure of R1,200 a year for the first year. If both remained supernumerary for another year, it would cost R2,400 for these two years, but in that case it would probably not be necessary to recruit any one in the second year. It is very unlikely that the same men would remain unemployed (that is without permanent appointments) for a third year. It comes to this, that the extra expense would depend on the recruiting, and if this were carefully done it would not be great.

3. The next point is the creation of a grade of Senior Assistant Surgeons on R300 per mensem. In this proposal there are four things for consideration, *viz.*,—

(*a*) the number of appointments to be made;

(*b*) the suppression of promotions from the 2nd to the 1st grade pay R150 to R200 per mensem;

(*c*) the number of such suppressions to make up for the cost of (*a*); and

(*d*) the financial result of the scheme.

The best way to work it out is to suppose that it was to be introduced at once. At the present moment only the first eight Assistant Surgeons on the Punjab list would have the service qualification of 21 years. There is no indication in the correspondence of the number of Senior Assistant Surgeons to be allowed to each province; but presuming it would be five, which is one-sixth of the present strength of 1st Grade Assistant Surgeons, the extra expenditure would be R500 per mensem, or R6,000 a year. It would be impossible to counterbalance that sum in any way by suppressions in the 2nd grade. Unless a man were notoriously inefficient, he could not be refused permission to appear at the promotion examination, and, as far as can be judged, there would be but one of the five 2nd grade men now qualified to appear for examination of whom this could probably be said. If this man were not promoted, there would be a saving of R50 per mensem or R600 a year.

4. The last point is the reservation of two appointments in Class II Civil Surgeoncies for members of the Assistant Surgeon class. This is scarcely possible. Class II has the following appointments:—

Appointment.	*By what class actually filled.*
1. Hissar	Military Assistant Surgeon.
2. Karnal	Commissioned Medical Officer.
3. Ludhiana	Native Uncovenanted Medical Officer (lately an Assistant Surgeon).
4. Jullundur	Commissioned Medical Officer.
5. Gujrat	Commissioned Medical Officer.
6. Shahpur	Military Assistant Surgeon.
7. Jhang	Native Uncovenanted Medical Officer (lately an Assistan Surgeon).
8. Rohtak	Military Assistant Surgeon.
9. Gurgaon	A retired Apothecary.
10. Muzaffargarh	Vacant (held temporarily by an Assistant Surgeon).
11. Hoshiarpur	Uncovenanted Medical Officer.
12. Gujranwala	Military Assistant Surgeon.

Three only of these appointments are at this moment held by Commissioned Medical Officers as the strength of these officers in the Province is short, but four should be so filled.

Muzaffargarh may, therefore, be left out of the calculation. Application has recently been made for the thirty-third Commissioned Medical Officer to fill the existing vacancy. Unless Government is prepared to sacrifice one of the Military Assistant Surgeons' charges (which is now filled by Mr. Baron, a retired Apothecary), nothing more can be done. It is not likely that the number of charges for Military Assistant Surgeons can be reduced, for the Government of India is now desirous of employing a larger number of these officers than heretofore as a reserve. All that can be done is to continue to keep Jhang and Ludhiana for Assistant Surgeons, whether as such or as Uncovenanted Medical Officers.

From the Secretary to the Chief Commissioner, Burma, to the Secretary to the Government of India, Home Department,—No. 693-4X.—9, dated the 25th March 1896. **No. 19.**

I AM directed to acknowledge the receipt of your letter No. 19-Medl.—668, dated the 20th September 1895, concerning the scheme proposed for improving the status and prospects of Civil Assistant Surgeons. The Chief Commissioner has consulted the Inspector General of Jails, with Civil Medical Administration, on the proposals contained in your letter and its enclosures, and directs me to submit the following remarks on the three questions referred to in paragraph 2.

2. The Chief Commissioner concurs in the proposed abolition of unemployed pay except as a punishment. The Inspector General reports that no supernumeraries have hitherto been entertained in this province, and therefore no extra cost will be incurred by the introduction of this change into Burma.

3. The Chief Commissioner concurs also in the proposals made in paragraph 6 of your letter No. 671, dated 20th September 1895, to the Government of Bengal, but it seems to him that the suppression of two promotions from the grade of R150 to balance each promotion from the 1st to the senior grade is calculated to cause discontent in the lower ranks and to render the scheme distasteful to the service as the whole. Sir Frederic Fryer is disposed to agree in the following remarks by the Inspector General on this part of the subject:—

"I do not see how the condition proposed to be attached thereto, namely, that for every promotion to the senior grade two promotions from the 2nd to the 3rd grade be suppressed in order that no additional cost be incurred, can be carried out. To effect this it is pre-supposed that men who were qualified for promotion from the 3rd grade to the 2nd grade, will thereafter not be fit for further advancement. Under existing rules an Assistant Surgeon who does not qualify septennially for promotion is liable to be removed from the service, and since they are required to maintain their professional knowledge and qualify for promotion, ordinary promotion should not be withheld from the majority to benefit a few. If, therefore, a senior grade is to be created, it should be free from the conditions referred to and additional expenditure minimized by limiting the number of appointments and by careful selection."

I am to recommend that the number of the senior grade should be fixed at 25 per cent. of the total strength of the service. None of the Assistant-Surgeons at present stationed in Burma will be eligible for promotion to the senior grade till 1898. In that year only one will have attained the required length of service, and his appointment would entail an increased cost of R100 per mensem. If the strength of the senior grade should be fixed as proposed above, the maximum number of that grade in Burma would be only three, and the maximum increased expenditure on this account would accordingly be R300 per mensem.

4. Finally, I am to say that the Chief Commissioner sees no objection to the proposal that a certain number of 2nd class Civil Surgeoncies should be reserved for Civil Assistant Surgeons. But in view of the arrangements contemplated in the correspondence ending with this office letter No. 309-4X.—9, dated the 14th February 1896, for setting apart a considerable number of such appointments for Military Assistant Surgeons, no more than two can be reserved for Civil Assistant Surgeons.

From A. L. SAUNDERS, Esq., I.C.S., Officiating Chief Secretary to the Chief Commissioner, Central Provinces, to the Secretary to the Government of India, Home Department,—No. 8990, dated the 7th December 1895. **No. 20.**

I AM directed to acknowledge the receipt of Home Department letter No. $\frac{19\text{-Medical}}{667}$, dated the 20th September last, forwarding a copy of a letter from the Government of Bengal, No. 773 (Medical), dated 27th February 1895, with a copy of the report of the Committee appointed to enquire into the status of Civil Assistant-Surgeons in Bengal, and a copy of the

orders of the Government of India on the subject, and requesting to be furnished with the Chief Commissioner's view on the proposals relative to—

(1) the abolition of the unemployed pay of Assistant Surgeons except as a punishment;

(2) a scheme under which it is proposed to improve the status and pay of Assistant Surgeons; and

(3) a proposal that a certain number of Class II Civil Surgeoncies should be reserved for such Officers in each Province at the rates of pay allowed to Uncovenanted Medical Officers.

Regarding the first two proposals the Government of India desire an estimate of the cost of carrying out similar changes in the Central Provinces.

2. In reply I am to say that the abolition of the unemployed pay of Assistant Surgeons will probably effect no addition to expenditure in these Provinces, as Assistant Surgeons are only sent to the Central Provinces on the Administrative Medical Officer's requisition when vacancies have occurred or are expected to occur immediately. On arrival, therefore, these officials are at once employed, and there are for them no broken periods of service during which they would receive unemployed pay.

3. With regard to the scheme for the improvement of the status and pay of Assistant Surgeons by the formation of a senior grade of R300 per mensem, I am to say that in every case where promotion to that grade is made an extra expenditure of R1,200 per annum will be involved. Promotion from the 2nd grade on R150 to the 1st grade on R200 cannot, I am to observe, be limited under present guarantees, as it takes place in all cases where men, having qualified as to time, succeed in passing their septennial examinations.

4. As to the third proposal, there are, I am to say, now 14 Assistant Surgeons on the list of the Central Provinces for whom two posts in the senior grade would not, in the Chief Commissioner's opinion, be an excessive number; and though no one of those at present serving will be qualified for advancement by both merit and length of service for a least five years, the ultimate cost of the scheme if carried out, and if the two appointments be allotted to this Administration, may be estimated at R2,400 per annum.

No. 21. From the Officiating Secretary to the Chief Commissioner of Assam, to the Secretary to the Government of India, Home Department,—No. $\frac{7\text{-P.S.}}{2913}$G., dated the 9th May 1896.

I am directed to acknowledge the receipt of your letter No. 19-Medl.—669, dated the 20th September 1895, inviting an expression of the Chief Commissioner's views on certain proposals for improving the pay and status of Civil Assistant Surgeons.

2. In reply I am to forward a copy of a letter No. 2598-C., dated the 31st December 1895, from the Principal Medical Officer and Sanitary Commissioner, Assam, expressing his views on the proposal, and to say that the Chief Commissioner has no objection to offer to the proposal to abolish the system of giving unemployed pay to Assistant Surgeons except as a punishment, until they are permanently provided for. There are, however, no officers of the class referred to on the Assam List.

3. With reference to the scheme under which it is proposed to improve the status and pay of Assistant Surgeons, I am to say that the Chief Commissioner accepts the proposals, and that, if the scheme be sanctioned, no additional expenditure will be incurred in Assam for many years to come, beyond that which would in any case be incurred by the promotion of the three Assistant Surgeons in the Province, under the present conditions of their service, when they pass the prescribed examination.

4. Lastly, with regard to the proposal to reserve a certain number of Class II Civil Surgeoncies for Civil Assistant Surgeons at the rates of pay allowed to Uncovenanted Medical Officers, I am to say that, for the reasons stated in paragraph 4 of the enclosed letter from the Principal Medical Officer and Sanitary Commissioner, Assam, the Chief Commissioner is unable to recommend that any Civil Stations under Class II, enumerated in the Home Department Resolution No. 13—481-94, dated the 31st October 1884, should be reserved for such officers. There are only three medical charges in the Province which may be held by Uncovenanted Medical Officers, *viz.*, Nowgong, Tura, and Sibsagar, and the Chief Commissioner has recommended separately that the first two of these stations should be reserved exclusively for Military Assitant Surgeons, and that the third also should ordinarily be tenable by an officer of that class. The Chief Commissioner would, however, continue the present practice of appointing Assistant Surgeons to hold temporary charge of civil stations, when it is found convenient for administrative purposes to the do so.

From Surgeon-Colonel A. STEPHEN, M.B., Principal Medical Officer and Sanitary Commissioner, Assam, to the Secretary to the Chief Commissioner of Assam,—No. 2598-C., dated Shillong, the 31st December 1895. No. 22.

WITH reference to your memorandum No. 1288-P.S.—6252-G., dated the 2nd November 1895, forwarding Government of India, Home Department, letter No. 19-Medl.—669, dated the 20th September 1895, regarding the status of the Civil Assistant Surgeons, I have the honour to make the following remarks.

2. I beg to suggest that the Committee's recommendation that the unemployed pay of Assistant Surgeons be abolished except as a punishment, and that Assistant Surgeons be allowed their grade pay from the date of admission into the service, should be adopted. There are no unemployed Assistant Surgeons in this Province, so that, were this proposal accepted, no additional expenditure would be incurred in Assam.

3. I am in favour of the suggestion contained in the Government of India letter No. 671, dated the 20th September 1895, that, after 14 years' service, only those Assistant Surgeons who are considered by the Inspector General of Civil Hospitals fit for promotion be admitted to the second examination for promotion to the grade of R200, and that promotion from the grade of R200 to that of R300 should be made entirely by selection and without any further examination, subject to a minimum service of seven years in the R200 grade. Of the three Assistant Surgeons in Assam, two are in the R100 grade, and one will have served seven years in the R150 grade on the 1st of May 1897. Were the scheme carried out, an extra expenditure of R50 a month would be incurred from that date if the Assistant Surgeon be considered fit at the time for promotion, and if he passes the required examination.

4. With regard to the suggestion referred to in paragraph 7 of the Government of India letter referred to above, I do not think that the medical charge of any of the districts in Assam should be reserved for Civil Assistant Surgeons. In the Lakhimpur, Sibsagar, Nowgong, Darrang, Sylhet, and Cachar districts, there are many tea gardens, any one of which may have to be inspected by the Civil Surgeon, and I do not think that Assistant Surgeons generally would be able to perform tea-garden inspection duties in a satisfactory manner. The duties that fall to the Medical Officers of the Kamrup and Goalpara districts are so important, that, in my opinion, they should be held by Covenanted Medical Officers. In any case, the medical charge of only three districts in this Province has been reserved for Uncovenanted Medical Officers; and if the suggestion contained in my letter No. 2597-C., dated the 31st December 1895, be carried out, these appointments will eventually be held by Military Assistant Surgeons. Civil Assistant Surgeons have, in several cases, officiated in medical charge to districts when the permanent incumbents were on privilege leave, and in future they might be put in temporary medical charge of districts under similar circumstances.

5. The enclosures of your memorandum under reference are herewith returned.

From J. P. HEWETT, Esq. C.I.E., Secretary to the Government of India, Home Department, to the Chief Secretaries to the Governments of Madras and Bombay, to the Secretary to the Government of Bengal, Municipal (Medical) Department, to the Chief Secretaries to the Governments of the North-Western Provinces and Oudh, Punjab and Burma, to the Chief Commissioners of the Central Provinces and Assam,—No. 946—953, dated the 24th August 1897. No. 23.

*[*To Bengal*—paragraph 7 of my letter No. 671, dated 20th September 1895.]

†*To Bengal*—other Local Governments and Administrations were similarly addressed at the same time and

‡[Omit in letter to Bengal.]

I am directed to invite a reference to *[paragraph 4 and that portion of paragraph 2 of my letter No. 19-Medical / 663—669, dated 20th September 1895,] which dealt with the proposal that a certain number of class II Civil Surgeoncies should be reserved for Civil Assistant Surgeons in each Province / in Bengal at the rates of pay admissible to Uncovenanted Medical Officers.† The replies to the scheme communicated [‡in the above quoted reference] have been received by the Government of India and are now under consideration, but a representation which has in the meantime been received regarding the desirability of increasing the number of superior appointments to be thrown open to Assistant Surgeons has necessitated a further reference to Local Governments on the particular point noted above.

2. The following table has been prepared with a view to showing the total number of

Civil Surgeoncies of both classes and their distribution (as proposed by Local Governments) among Commissioned Medical Officers and Military and Civil Assistant Surgeons :—

PROVINCE.	NUMBER OF CIVIL SURGEONCIES.			PROPOSED DISTRIBUTION OF LIST II CIVIL SURGEONCIES.				TOTAL NUMBER OF CIVIL SURGEONCIES WHICH ARE RESERVED OR WHICH IT IS PROPOSED TO RESERVE FOR			
	(a) List I.	List II.	Total.	Commissioned Medical officers.	Military Assistant Surgeons.	Civil Assistant Surgeons.	Total.	Commissioned Medical officers.	Military Assistant Surgeons.	Civil Assistant Surgeons.	Total.
1	2	3	4	5	6	7	8	9	10	11	12
Madras	24	7(c)	31	*nil.*	2	5(b)	7	24	2	5	31
Bombay	18	6(c)	24	*nil.*	*nil.*	2	2(d)	18	*nil.*	2	20(d)
Bengal	28	21(e)	49	4	12	5	21	32	12	5	49
North-Western Provinces .	30	18	48	5	11	2	18	35	11	2	48
Punjab	14	12	26	4	5	3	12	18	5	3	26
Burma	7	30	37	8	18	2	28(f)	15(h)	18	2	35(f)
Central Provinces . .	9	9	18	4	5	*nil.*	9	13	5	*nil.*	18
Assam	7	3	10	1	2	*nil.*	3	8	2	*nil.*	10
Hyderabad . . .	2	3	5	*nil.*	3	*nil.*	3	2	3	*nil.*	5
TOTAL .	139	109	248	26	58	19	103(g)	165	58	19	242(g)

(a) Appointments reserved exclusively for Commissioned Medical Officers.
(b) One of these appointments (Ootacamund) is for one-half of each year only.
(c) The List II appointments in Madras and Bombay may be held by Uncovenanted Medical Officers and Military Assistant-Surgeons when no Commissioned Medical Officers are available.
(d) This leaves a balance of four List II appointments.
(e) See note (c) in the remarks column of the next statement.
(f) This leaves a balance of two List II appointments.
(g) The balance of six List II appointments occurs under Bombay (4) and Burma (2).
(h) Excluding the Civil Surgeoncy of the Chin Hills Districts recently sanctioned.

The further statement (below) will show the classes to which, so far as can be ascertained from the returns submitted by Local Governments and from the Civil Lists, the present incumbents of Civil Surgeoncies entered in List II belong :—

PROVINCE.	Number of List II Civil Stations.	Commissioned Medical Officers.	Uncovenanted Medical Officers.	Military Assistant Surgeons.	Civil Assistant Surgeons.	Total.	REMARKS
Madras . .	7	4	1(a)	1	1	7	(a) An Assistant-Surgeon acting as an Uncovenanted Medical Officer.
Bombay . .	6(b)	4	...	1	...	5	(b) Includes Kotri, which is believed to be now held by a Military Assistant Surgeon as a collateral charge and excludes Savantwadi (held by an Uncovenanted Medical Officer) not on the sanctioned cadre.
Bengal . .	18(c)	5	6	5	2*	18	(c) The number of List II stations shown in this statement is three less than the number shown in the previous statement. The list forwarded with the Bengal Government letter of the 24th January 1890 shows three stations, Lungleh, Angul, and Palamau, as List II stations which are not shown as such in the quarterly returns. *Officiating.
North-Western Provinces and Oudh .	18	5	2	11	...	18	
Punjab . .	12	3	3(d)	5	...	11(e)	(d) Two of these were formerly Civil Assistant Surgeons. (e) Muzaffargarh vacant: a Civil Assistant Surgeon officiating.
Burma . .	30	7	7	15	1	30	
Central Provinces .	9	3	...	4	...	7(f)	(f) Damoh vacant: Uncovenanted Medical Officer officiating. Balaghat vacant: Civil Assistant Surgeon officiating.
Assam . .	3	2	...	1	...	3	
Hyderabad . .	3	...	1(g)	2	...	3	(g) Was formerly a Military Assistant Surgeon.
TOTAL .	106	33	20	45	4	102	

3. It will be seen from the above that whereas (including the two Uncovenanted Medical Officers formerly Civil Assistant Surgeons in the Punjab and one in Madras) only five civil stations are at present held substantively by officers who are Civil Assistant Surgeons, or have risen from that class, under the arrangements proposed by Local Governments (*vide* the first statement in the preceding paragraph) 19 stations will ultimately be so held. This indeed appears, at first sight, to be the maximum number which can be made over to Civil Assistant Surgeons without trenching on the number of stations which it is necessary, for the purposes of providing for the war reserve of medical officers, to allot to Commissioned Medical Officers and Military Assistant Surgeons. It has been represented to the Government of India, and they are disposed to admit the force of the representation, that the claims of Assistant Surgeons to a fair share of the more important medical appointments in the country, though theoretically recognized, have been, from various causes, overlooked in the arrangements that have been made; and so far as this can be rectified with due regard to efficiency and to the paramount need for maintaining an adequate war reserve, the Governor General in Council is anxious to enlarge the number of higher appointments for Civil Assistant Surgeons. If 19 such appointments were thrown open to the Assistant Surgeons, the result would be that only 5·3 per cent. of the total number (apparently 354) of Civil Assistant Surgeons in the service of the different Local Governments could attain to a Civil Surgeoncy, and the Governor General in Council thinks it desirable that the question whether it would not be possible to reserve a few more civil stations for officers of this class should be further considered.

4. A consideration of the circumstances obtaining in each Province, and of the number of class II appointments available, has suggested to the Government of India that it might be possible to raise the number (19) which Local Governments have expressed their willingness to reserve to 28, and the following distribution has been proposed:—

PROVINCE.	Number proposed by Local Government to be reserved.	Number now suggested.
Madras	5	5
Bombay	2	4
Bengal	5	5
North-Western Provinces and Oudh	2	4
Punjab	3	3
Burma	2	4
Central Provinces	*nil.*	2
Assam	"	1

It will be observed that this modification of the proposals received from Local Governments would only affect the Governments of Bombay, the North-Western Provinces and Oudh and Burma, and the Central Provinces and Assam Administrations. The suggestion is, however, only tentative, and it is possible that there may be objections to adopting the number proposed in some Provinces which there would not be to raising them in others. I am therefore directed to ask that (with the permission of the Governor in Council / His Honour the Lieutenant-Governor (and Chief Commissioner)), the question of the maximum number of civil stations which might be reserved for Civil Assistant Surgeons may, in the light of the remarks contained in this letter, be reconsidered.

5. It has not escaped the attention of the Government of India, and indeed this point has been specially noticed in some of the replies received from Local Governments, that a difficulty in the way of reserving 28 appointments, distributed as above, is that it will create a further deficit in the total number of appointments (155) which, under the war reserve scheme, have to be reserved for Military Assistant Surgeons. I am however to suggest that this difficulty might be overcome by placing Military Assistant Surgeons in some of the appointments now held by Civil Assistant Surgeons, *i.e.*, by making over to a Military Assistant Surgeon a lower appointment in exchange for each Civil Surgeon thrown open to Civil Assistant Surgeons over and above the number which Local Governments have already agreed to throw open to them.

6. I am to request that the proposals set forth above may receive the/your early attention of His Excellency the Governor in Council / His Honour the Lieutenant-Governor (and Chief Commissioner).

No. 24.

No. 16 of 1898.

GOVERNMENT OF INDIA.

FINANCE AND COMMERCE DEPARTMENT.

SALARIES, ESTABLISHMENTS, etc.
Medical.

To the Right Hon'ble LORD GEORGE FRANCIS HAMILTON,
Her Majesty's Secretary of State for India.

Calcutta, the 27th January 1898.

My Lord,

We have had under our consideration for a considerable time past the necessity for taking steps to improve, as far as it is possible to do so consistently with the general efficiency of the Medical Administration in India, the position and prospects of the Civil Assistant Surgeons. The subject has occupied the attention of the Government of India—generally on representations made by Civil Assistant Surgeons themselves—frequently during past years, and it was brought definitely before us, together with concrete proposals for effecting improvements, by the Government of Bengal in its letter No. 773, dated 27th February 1895, which forms an enclosure to this Despatch. That Government had previously, in its letter No. 226-T. M., dated 9th June 1894 (also enclosed), intimated that the Committee which has been appointed by it to consider the questions of the pay, position prospects of Hospital Assistants had also been asked to report similarly in regard to Civil Assistant Surgeons, and, with its letter of the 27th February 1895 above referred to, it forwarded the Committee's report giving cover to certain proposals for improving their status. While the subject, thus mooted, was under consideration, we received from the Government of Bombay a memorial dated the 24th July 1896, addressed to Your Lordship and purporting to be signed by some influntial inhabitants of Bombay, complaining of certain alleged evils in the present system of medical administration of the country and advocating reforms which practically involve the separation of the Civil and Military Branches of the Indian Medical Service. We shall refer to this memorial more particularly further on.

2. Before going in detail into the action we have taken, and the proposals which we now desire to recommend, it is, we think, desirable to recapitulate, as briefly as possible, the history of the birth and growth of the Civil Assistant Surgeons' branch of the Medical Department so far as the Bengal Presidency is concerned. Conditions in Madras and Bombay, though in some respects different, have grown up similarly and are for all practical purposes the same as those obtaining elsewhere. The grade of Sub Assistant Surgeon—the designation borne up till 1874 by the officers now styled Assistant-Surgeons—was established by Government for the purpose of rendering available for medical service in the Civil Department persons who had obtained in India a medical education superior to that deemed necessary for the Apothecary and Hospital Assistant class of the Subordinate Medical Department. It first came into existence in November 1838, when four pupils were passed out of the Medical College in Calcutta after three and a half years' study. The intention was to employ them in the discharge of the duties of medical attendant in large dispensaries established in different parts of the country, on salaries ranging from R60 to R100. These terms were found, a few years' later, to be insufficient to encourage the study of medicine and surgery with a view to entering Government service, and the Court of Directors decided in 1848, at the instance of the Government of India, to improve the prospects of the students and to hold out to them greater advantages than they had hitherto enjoyed. Accordingly, in their Despatch No. 14, dated the 4th April 1848, the pay of the Sub-Assistant Surgeon class was fixed according to the following scale:—

	R
Under seven years' service	100
Above seven and under fourteen years' service	150
Fourteen years' service and upwards	200

The proposal to extend the pension rules to them was negatived. In conformity with this Despatch the Government of India in their Resolution dated the 6th Jannary 1849, issued rules regulating the conditions of service of officers of this class. These rules classified Sub-Assistant

Surgeons in three classes prescribed that, save in exceptional cases, they should serve seven years n each of the two junior grades before they were entitled to promotion, and laid down that on completing each period of seven years, they should be subjected to examination to qualify for promotion to the higher class. Without going into details it is sufficient to say that, with the exception of the three concessions noted below, the status and prospects of this class of officers has remained the same as it was in 1849 up to the present day. The three points in regard to which the service has since been improved are—

(*a*) they have been admitted to the benefits of the Uncovenanted Pension rules;

(*b*) they have been permitted to draw additional allowances* when placed in independent charges usually held by covenanted medical officers; and

* R150 for 1st and 2nd grade.
R100 for 3rd grade.

(*c*) they have been admitted to the benefits of the leave rules from the date on which they enter the Government service.

3. The question of improving the medical service in India did not fall within the scope of the inquiries of the Public Service Commission, and the subordinate portion of that service occupies practically the same position as it did at the time of its first constitution as a regular Government service in 1849. Of recent years the opportunities which are offered to natives of India educated in medicine according to European methods of establishing themselves in private practice have much increased. The numerous petitions and representations which have, from time to time, reached the Government of India, have convinced us that the members of the service are with reason dissatisfied with their prospects in it, and that recruits are difficult to obtain because those who study medicine successfully can secure a livelihood otherwise than by entering Government service.

4. On receipt, therefore, of the letter from the Government of Bengal, No. 773, dated 27th February 1895, and of its enclosures, we felt that it was incumbent upon us to give early and serious attention to devising some scheme for the improvement of the Civil Assistant Surgeon class not only in the Lower Provinces of Bengal but throughout India. After carefully considering the seven remedial measures proposed by the Committee appointed by the Bengal Government, we formed the opinion that three were (with some modifications) desirable, and while expressing this view in paragraphs 4, 6 and 7 of our letter No. 671, dated the 20th September 1895, to the Government of Bengal, we also circulated the correspondence to other Local Governments and Administrations and invited their opinions upon the proposals. The three improvements which we considered might be effected were—

(*a*) the abolition of unemployed pay;

(*b*) the creation of a new grade of Civil Assistant Surgeons on a higher rate of pay (R300 a month);

(*c*) the reservation of a certain number of Civil Stations for the medical charge of Civil Assistant Surgeons.

We have now received and considered the replies to our reference, and are in a position to lay before Your Lordship our conclusions in regard to the whole scheme.

5. It will be convenient to refer here briefly to the memorial from the inhabitants of Bombay, of which we have made mention in paragraph 1 above. Our reasons for not having hitherto forwarded it to Your Lordship were that we wished first of all to be in a position to inform you of our matured proposals for ameliorating the condition of the class of officers on whose behalf, mainly, the memorial was presented. We do not now propose to follow the memorialists through all their statements, the inaccuracy of most of which has been thoroughly demonstrated by the Surgeon General with the Government of Bombay, of whose report, which forms an enclosure to the Bombay Government's letter No. 5111, dated the 21st November 1896, we would invite a persual. We must, however, express our strong dissent from two of the main arguments used by the memorialists in favour of the changes they advocate. These are (1) that the present system has resulted in inefficiency in the conduct of the work of the higher medical appointments, and (2) that the proposals of the memorialists—of which the main outline is that there should be in India a separate Army Medical Service and a separate Civil Medical Service entirely independent of one another—would result in economy. As to the first contention we wish to record our opinion that the civil work of the Indian Medical Service has been very well performed; that appointments to special duties in the higher branches have been made with special reference to the qualifications of the officers selected; and that the Government have no reason to be dissatisfied with the manner in which the selected officers have carried out their duties. With regard to the contention that the method of filling the Civil Medical Service, independently of the Army Medical Service, would result

in economy, the scheme sketched out in paragraph 15 of the memorial is too vague to lend itself to discussion; and we do not feel justified in entertaining a proposal to entirely subvert the scheme on which at present both the Army and the Civil Medical Departments are officered without having some well-considered alternative to suggest. This is not supplied in the memorial; and we have therefore merely regarded the memorialists' representation as another indication of the need for placing on a better footing that portion of the Medical Service which is recruited from the medical students trained in this country; and we feel confident that the proposals which we shall now discuss will go far to satisfy the legitimate aspirations of the students of medicine in India who elect to enter Government service. We therefore forward the memorial without any recommendation regarding the measures advocated by the memorialists.

6. Reverting to the suggested improvements in the position of Civil Assistant Surgeons, we should explain, in regard to the first point, how the system of unemployed pay came in existence. Among the rules promulgated in January 1849, to which reference has been made in paragraph 2 of this letter, was one prescribing that, on obtaining a diploma of the College, the graduate would be placed at the disposal of the Medical Board for employment with the rank of Sub-Assistant Surgeon, but that he was to have no claim to salary until he had actually joined the station to which he might be appointed. Subseqently, in 1853, it was determined to give to every Sub-Assisstant Surgeon who expressed his intention of entering Government service a salary of R50 a month from the date of his passing the examination to that of his being appointed to a charge. This rule was the basis of Rule 490 of the Bengal Medical Regulations of 1877, which lays down that Assistant Surgeons, after admission to Government service, will be attached for duty to a hospital or dispensary receiving, while so attached, and until their services are required for a substantive charge, a stipend of R50 per mensem. This rule finds confirmation in Lord Kimberley's Despatch No. 323, dated 16th October 1884, and now stands, as expressed in a letter from our Financial Department to the Government of Bengal: "Supernumerary Assistant Surgeons shall be regarded as Assistant Surgeons on the third grade, and shall be entitled to pay at the rate of R50 a month when unemployed, and R100 a month when employed, except in the case of their officiating in appointments which carry with them fixed pay." The result is that the initial pay of a Civil Assistant Surgeon is R50, and this is found to be so small as to deter the best and most intelligent students from accepting Government service.

The opinions of the Local Governments and Administrations are unanimously in favour of the abolition of unemployed pay except as a punishment. The system is not in force in Madras or Bombay, so that the change in the rule will not be felt there. Officers for the Central Provinces are supplied from the Imperial List, and no supernumeraries have hitherto been posted to Burma. The reform, therefore, will affect only Bengal, the North-Western Provinces and Oudh, and the Punjab, the Governments of which estimate the annual cost of abolishing unemployed pay at, roughly,—

	R
Bengal	2,000
North-Western Provinces and Oudh	800
Punjab	1,200
TOTAL	4,000

We are advised that the abolition of the rule as to unemployed pay will be popular with the service. If recruitment is regularly and systematically carried out, the number of candidates who will be supernumeraries without employment in particular charges should be very small, and we propose to caution the Local Government to exercise the greatest possible care in their estimates for recruitment. It ought, we think, to be possible to restrict the expenditure involved in abolishing unemployed pay well within the sum estimated above.

7. The second of the measures detailed in paragraph 4 above, namely, the creation of a new and more highly-paid grade, is the outcome of prolonged discussion, and is a modification of the proposal of the Bengal Committee to raise the pay of Civil Assistant Surgeons by R50 after 21 years' service, subject to the passing of a third examination. This proposal was regarded as imperfect, and the Director General of the Indian Medical Service suggested the creation of a grade of Senior Assistant Surgeons on R300 a month, to be filled solely by selection and without further examination. Dr. Cleghorn represented that the creation of a higher grade, to be thus filled, was necessary in order to afford a means of satisfying the ambition of the superior officers in the service, and to rid them of the feeling that no amount of superiority could result in their promotion above their inferiors. This view commended itself to

us, and we asked the Local Governments and Administrations for their opinion on the proposal that promotion to the grade of R150 should be made after seven years' service subject to examination (as hitherto), but that, to the second examination held after 14 years' service, only those considered by the Inspectors General of Civil Hospitals fit for promotion should be admitted, and that promotion from the grade on R200 to the grade on R300 (the number of which would have to be limited) should be made entirely by selection and without any further examination, but subject to a minimum service of seven years in the grade on R200.

8. The organization of the Subordinate Medical Department in the Madras Presidency differs materially from that obtaining elsewhere, and the Government of Madras are consequently not prepared to discuss in its details the scheme submitted by us to them and other Governments and Administrations. They concur with us, however, in thinking that, with a considerable staff of Civil Assistant Surgeons, a superior grade, such as we proposed, would be desirable; and all the other Local Governments are in favour of the creation of a senior grade on R300. We have therefore determined to recommend to Your Lordship that a senior grade of Assistant Surgeons on R300 a month should be created. In deciding the question of limiting the cost involved in this step, we have given preference to the proposal of Sir Antony MacDonnell to limit the number of appointments to the senior grade to 10 per cent. of the sanctioned number of Assistant Surgeons of all grades (excluding the reserve); and we base on this our estimate of the increased cost involved in this measure. There are, in all, approximately 334 officers of the Civil Assistant Surgeon class in India, excluding Madras (to whom this part of the scheme will not apply) and the reserve of 15 per cent. If allowance be made for 10 per cent. of the appointments in each Province as shown in the margin, a total of 32 appointments in the senior grade would result. Assuming that all the appointments on R300 are filled, the total additional cost would be R38,400 per annum.

		10 per cent.
Bombay	44	4
Bengal	121	12
North-Western Provinces and Oudh	69	7
Punjab	65	6
Burma	10	1
Imperial List	25	2
	334	32

Our third proposal, which is discussed further on, not only involves no additional cost, but may eventually result in a saving, and the total increase in expenditure involved in the reorganization of the Subordinate Medical Department, as now proposed, therefore amounts only to (R38,400 + R4,000 =) R42,400 as a maximum. In view of the long recognized importance of improving the position and prospects of officers of the Civil Assistant Surgeon class, we are of opinion that the cost of the scheme is as low as is consistent with effecting improvements which will be felt and appreciated, and we accordingly strongly recommend its acceptance by Your Lordship.

Local Governments and Administrations will be informed that the introduction of the proposed arrangements will be subject to the express condition that Municipal and Local Funds will be required to pay, in full measure, for the services of the Government Assistant Surgeons who are attached to Municipal and Local Fund Hospitals. The Governments of Bombay and Bengal have based their proposals for the improvement of the position of Assistant Surgeons in some part upon native public opinion on the subject, and it appears to us proper that a fair share of the increased expenditure that will be incurred partly in deference to this opinion should be borne by the local institutions that employ the officers whose position local public opinion considers it necessary to ameliorate.

9. Before explaining the method by which we propose giving effect to our third measure, it is necessary to state, for Your Lordship's information, that in Bombay the rate of allowances is somewhat higher than elsewhere, and that the Bombay Government propose to give an allowance of R50 to four of the men who began their studies after 1876 in order to equalize their emoluments with those of the men under the old scale, some of whom received R200 *plus* an allowance of R150. We propose permitting the Government of Bombay to pass these allowances to the men who, under the terms of their recruitment, had a right to expect that appointments on R350 would be open to them; but we shall ask them, as soon as they can do so without breach of faith, to place their Assistant Surgeons on the same footing as those elsewhere.

10. By the two measures above described we shall succeed in abolishing what is regarded as a grievance, and shall provide a higher grade, the hope of attaining to which may be expected to stimulate a higher degree of zeal and efficiency among Civil Assistant Surgeons as a class. The third point in the scheme will, we anticipate, afford—without additional cost to the State—a means of satisfying the ambition of the most zealous, and should, we think,

attract the best students to Government service. At present, though the orders of the 30th November 1866 indicated an intention of occasionally promoting the most deserving Assistant Surgeons to the independent charge of a Civil Station, and provided allowances for them when so promoted, the intention has rarely been given effect to. There are, including one in Madras and two in the Punjab, who have been promoted to be Uncovenanted Medical Officers, only five Assistant Surgeons in the whole of India who have been placed in permanent charge of Civil Stations. The Local Governments have in reply to our reference of the 20th September 1895, expressed themselves ready to reserve 19 of the less important Civil Surgeoncies, distributed as in the margin, to be filled by Civil Assistant Surgeons. There are (including 20 officers in Madras and excluding the reserve of 15 per cent. maintained to meet general emergencies and to provide substitutes for men on leave) in all 354 Civil Assistant Surgeons, and 19 appointments represent only 5·3 per cent. of that number. We should be glad to see a larger share of the more highly-paid appointments opened to Civil Assistant Surgeons, and, provided that this can be done without either interfering with the scheme for providing employment for a certain number of Military Assisiant Surgeons who are to form a war reserve of the officers of that class, or placing Civil Assistant Surgeons in charge of stations where, owing to their importance, or the nature of the population of such stations, their appointments is undesirable, we are anxious, if possible, to meet their legitimate aspirations. We have accordingly addressed Local Governments and Administrations again on the subject in our Home Secretary's letter No. 946—53, dated the 24th August 1897, of which a copy is enclosed for Your Lordship's information, asking them to consider the possibility of reserving a somewhat larger number of stations for Civil Assistant Surgeons.

Madras	5
Bombay	2
Bengal	5
North-Western Provinces and Oudh	2
Punjab	3
Burma	2
TOTAL	19

11. We apprehend that it is unnecessary to explain in more detail the reasons which have led us to approving the measure proposed in the preceding paragraph, and we therefore proceed to set forth, for Your Lordship's information, the allowances which we propose to pay to Civil Assistant Surgeons when placed in independent charges. At present a Civil Assistant Surgeon, placed substantively or temporarily in medical charge of a Civil Station, receives an allowance of R150 if he belongs to the 1st or 2nd grade, and of R100 if of the 3rd grade (Civil Service Regulations, Article 157). If, however, he is appointed to be an Uncovenanted Medical Officer, he receives a consolidated salary on a fixed scale, namely :—

	R
Under 5 years in charge	350
From 5 to 10 " "	450
" 10 to 15 " "	550
Above 15 " "	700

The Committee appointed by the Government of Bengal suggested, in paragraph 27 of their report, that Civil Assistant Surgeons should not be admitted to the Uncovenanted Service, but that they should receive a special allowance of R150, carrying pensionary rights, together with the usual local allowances. This proposal, which received the Bengal Government's support, was not clearly understood when the reference to Local Governments was made in September 1895, and allusion is there made to it as being a suggestion to admit Civil Assistant Surgeons, when appointed to the charge of Civil Stations, to the Uncovenanted Medical Service. The replies consequently have not in all cases discussed the real proposal.

We have now given careful consideration to the matter; and the fact that, in connection with the scheme for providing for a war reserve of Military Assistant Surgeons, we have decided that no new appointments are to be made to the Uncovenanted Medical Service has determined us to abandon any idea of adding to that service by the appointment to it of Civil Assistant Surgeons. What we now propose is to give these officers, when in charge of a Civil Surgeoncy, a consolidated salary of R350 rising by annual increments of R30 to R500. In coming to this conclusion we have given weight to the consideration that a salary of R700 is out of all proportion to that of the lower grades of the service, and also that it is desirable—if possible—to effect some saving to set off against part of the cost involved in the creation of the senior grades on R300. The saving on a salary of R350—30—500 (giving an average of R450) as compared with the average salary, at present drawn by Assistant Surgeons in charge of districts, of an Uncovenanted Medical Officer (R550) is R100 a month. We have proposed to Local Governments in our Home Secretary's letter, dated the 24th August 1897, referred to above, that 28 Civil Stations should be reserved for Civil Assistant Surgeons, and in the event of this maximum being worked up to the total saving on the salaries drawn by those

officers would represent over R28,000 or about three-fourths of the additional cost involved in the creation of the senior grade.

12. The three measures, then, of which we solicit Your Lordship's approval are:—

(i) The abolition of unemployed pay in Bengal, the North-Western Provinces and Oudh, and the Punjab, except as a punishment, at an estimated cost of R4,000 a year.

(ii) The creation of a senior grade of Civil Assistant Surgeons on a pay of R300 to which promotion is to be given by selection only, and which is estimated to cost, with the limitation that the grade is to consist of not more than 10 per cent. of the total strength of the service, not more than R38,400 a year. We propose to abandon the further limitation that seven years' service must be passed in the R200 grade before promotion to the R300 grade, since its enforcement would unduly restrict the selection of officers for the senior grade and for the medical charge of Civil Stations.

(iii) The posting, on the pay proposed in the preceding paragraph, of selected Civil Assistant Surgeons to the independent charge of a few selected Civil Stations in each Province (not exceeding in the aggregate 28)—a measure which, we believe will result, when in full operation, in a considerable saving.

We should be glad to receive Your Lordship's approval of the scheme at an early date.

We have the honour to be,

MY LORD,

Your Lordship's most obedient, humble Servants,

ELGIN.
G. S. WHITE.
J. WESTLAND.
M. D. CHALMERS.
E. H. H. COLLEN.
A. C. TREVOR.
C. M. RIVAZ.

Extract from the Proceedings of the Government of India, in the Financial Department,— No. 2068, dated 30th November 1866. No. 25.

READ—

Memorandum of the Home Department, No. 918, dated 16th May 1866, forwarding documents relative to a memorial of the Sub-Assistant Surgeons in Bengal on the subject of their emoluments and official status.

OBSERVATIONS.—The Governor General in Council observes that the Committee for the revision of Civil Medical salaries, whose Report is now under consideration by the Secretary of State for India, recommended a liberal scale of salaries for Uncovenanted Medical Officers and members of the subordinate Medical Department who may be selected for the medical charge of Civil Stations under such rules as may be determined upon hereafter.

2. Their selection by the Local Government for these Civil medical charges will improve the position and prospects of the Sub-Assistant Surgeons, though their pay in the mere grade, *i.e.*, for the mere duties of Sub-Assistant Surgeon, be not increased.

3. The only question then, as observed by the Bengal Government, is "whether the present pay of Sub-Assistant Surgeons is enough to induce a sufficient number of qualified men of the class to enter the Government service and to continue in it. On this point the Local Government has no sufficient information."

4. This absence of information on the part of the Local Government as to whether the existing rates of pay are sufficient for the recruiting and the retention in the service of a necessary class of subordinate Medical Officers affords a presumption that the rates are sufficient; for, had there been any difficulty in keeping up the proper Establishment of Sub-Assistant Surgeons, the Bengal Government would have been informed of it by the Principal Inspector General, Medical Department.

5. From a Return, dated 15th August 1865, submitted by that officer, it appears that Sub-Assistant Surgeons as follow have been appointed to the Bengal Pesidency since 1861, *viz.* :—

Year.			Year.		
1860	. 5	18	1863	. 12	32
1861	. 9		1864	. 4	
1862	. 4		1865	. 16*	

* In eight months.

showing a large increase in the last three years. The numbers studying in the Calcutta Medical College for Sub-Assistant Surgeoncies were as follow in August 1865 :—

5th year's students	23
4th " "	16
3rd " "	40
2nd " "	42
1st " "	56

showing that the future supply will probably exceed the past.

6 The demand on the Calcutta Medical College for Sub-Assistant Surgeons is, on the other hand, likely to diminish, for the Lahore Medical School now trains all the Sub-Assistant Surgeons that are required for the Punjab ; and it would appear, from a remark of the Punjab Government, that the supply may exceed the demand. So far from that Government considering present pay insufficient, it recommended that an extra allowance of R50 a month, which was given to Sub-Assistant Surgeons appointed to the Punjab from the Calcutta Medical College, should not be given to those appointed from the Lahore Medical School.

7. It is reasonable to expect that similarly the Agra Medical School will supply a great part of the requirements of the North-Western Provinces and Oudh.

8. Accordingly the Governor General in Council is not satisfied that there is any necessity for increasing the pay of Sub-Assistant Surgeons.

ORDERED, that these Observations be sent to the Home Department, with the original papers received from that Department.

NO. 26. From the Right Honourable LORD GEORGE FRANCIS HAMILTON, Her Majesty's Secretary of State for India, to the Government of India, No. 72 (Public), dated the 19th May 1898.

I have had under my consideration in Council your Government's Financial letter No. 16, dated the 27th of January last, submitting a memorial which purports to be signed on behalf of certain inhabitants of Bombay, and making certain recommendations with a view to improve the position and prospects of Civil Assistant Surgeons.

2. As regards the memorial, I concur with the views expressed in your fifth paragraph, and I desire that the memorialists may be informed accordingly.

3. I sanction the abolition of unemployed pay in Bengal, the North-West Provinces and Oudh, and the Punjab, except as a punishment. Future recruitment should be kept under careful control with a view to reduce to a minimum the number of candidates who will have to be kept as supernumeraries without employment.

4. I also approve of the creation of a senior grade of Civil Assistant Surgeons on a pay of R300, to consist of not more than 10 per cent. of the total strength of the service. Promotion to this grade is to be given by selection only. I am not sure how far you propose to introduce the element of selection as a qualification for the second examination held after 14 years' service, but I think it right to say that no change of this kind should be allowed to prejudice the reasonable expectations of men already in the service.

5. As regards your third proposal, I understand that, upon grounds connected with the provision of a war reserve of medical officers, you have come to the conclusion, independently of the present discussion, that no more uncovenanted medical officers are to be appointed. That being so, I sanction the posting of selected Assistant Surgeons on the consolidated salary of R350—30—500 to the independent charge of such civil stations as may be found suitable in each province. It is stated that there will be not less than 19 such charges, and may be as many as 28 if this can be arranged without interference with the scheme for a war reserve. I observe that the possible saving is estimated in your 11th paragraph at R28,000 instead of R33,600, but the error is not very material since the real saving is not likely to approximate even to the former figure. There do not seem to be so many as 19 stations in charge of

uncovenanted medical officers, and it is still uncertain whether the arrangements for a war reserve will permit of many more being made available for Assistant Surgeons. Nineteen stations, however, will provide for 5·3 per cent. of the whole establishment, while the emoluments of another 10 per cent. will be substantially increased under your second proposal.

6. I approve of the special recommendation made by the Bombay Government, and alluded to in your 9th paragraph, but I am not sure that it has been correctly stated there.

Extract from the Proceedings of the Government of India in the Home Department (Medical),—under No. 1141-50, dated the 22nd August 1898. No. 27.

READ—

Letter from the Government of Bengal, No. 773 (Medical), dated 27th February 1895, forwarding, with certain recommendations, the report of a Committee appointed by the Local Government on the pay and prospects of Civil Assistant Surgeons.

Home Department letter No. 671, dated 20th September 1895, replying to the above.

Home Department Circular to Local Governments and Administrations, No. $\frac{19\text{-Medical}}{663-69}$, dated 20th September 1895.

The replies of Local Governments and Administrations to the above-mentioned Circular.

Read also—

Despatch from the Government of India, to the Secretary of State, No. 16, dated 27th January 1898.
Despatch from the Secretary of State, No. 72 (Public), dated 19th May 1898.

RESOLUTION.—The question of improving the position and prospects of Civil Assistant Surgeons has been for some time under the consideration of the Government of India. The constitution of the Medical Services in India did not fall within the scope of the inquiries of the Public Service Commission. The portion of the Civil Medical Service officered by Assistant Surgeons occupies practically the same position in respect of pay as at the time of its first constitution as a regular Government service in 1849. But of recent years the opportunities which are offered to natives of India, educated in Medicine according to European methods, of earning a living by private practice without entering Government service have much increased, and as a consequence members of the service have some reason to be dissatisfied with their prospects. Definite proposals for effecting improvements in the conditions of their service were submitted by the Government of Bengal in the letter of the 27th February 1895, which is cited above. That Government had taken advantage of the existence of a Committee, which had been assembled under its orders to consider questions relating to the pay and prospects of Civil Hospital Assistants, to refer to them the similar questions affecting Civil Assistant Surgeons.

On receipt of the recommendations of the Government of Bengal, the Government of India decided to devise a scheme for the improvement of the class of Civil Assistant Surgeons not only in Bengal, but throughout India.

2. In the Home Department Circular of the 20th September 1895, cited above, the opinion of Local Governments and Administrations was invited upon the proposals which commended themselves to the Governor General in Council as likely to be suitable for adoption throughout India. These were—

(a) the abolition of unemployed pay, which is the rate of pay which an Assistant Surgeon receives in certain Provinces while he is supernumerary and without a definite appointment;

(b) the creation of a new grade of Civil Assistant Surgeons on a higher rate of pay (R300 a month); and

(c) the reservation of a certain number of civil stations for the medical charge of Civil Assistant Surgeons.

The Government of India observed that under existing orders unemployed pay is given to Assistant Surgeons only when, having no temporary or permanent charges, they are merely attached to hospitals or on similar duty, that the number on unemployed pay would, if the service were carefully recruited, be very small, and that it would be a necessary condition of the abolition of unemployed pay altogether, except as a punishment, that greater care should be exercised in controlling recruitment.

The proposal to create a higher grade on R300 a month is a modified form of the recommendation made by the Bengal Committee that an increase of R50 a month should be granted to Civil Assistant Surgeons at the end of 21 years' service, subject to a professional

examination, and that those who were in receipt of this allowance should be graded as Senior Assistant Surgeons. While it seemed to the Government of India that the Committee's proposal would in a measure ameliorate the prospects of Assistant Surgeons, they suggested the following scheme as being more likely to increase the attractiveness of the service :—

(i) that the *cadre* of Assistant Surgeons should be divided into four grades—on R100, 150, 200, and 300 a month, respectively;

(ii) that the pay of R100 should be drawn continuously from the date of entry into the service;

(iii) that promotion to the grade of R150 should be made after seven years' service, subject to the usual examination;

(iv) that after 14 years' service a second examination should be held for promotion to the grade on R200, to which only those considered by the Inspector General of Civil Hospitals to be fit for promotion would be admitted;

(v) that promotion from the grade on R200 to that on R300 should be made entirely by selection and without any further examination, but subject to a minimum of seven years' service in the lower grade;

(vi) that further advancement to the independent charge of a civil station should depend on exceptional qualifications and ability. In order to meet as far as practicable the expenditure involved in this proposal without incurring additional expense, the Government of India suggested that it might be necessary to impose a limit on the number of promotions made to the grade on R200.

The proposal that Assistant Surgeons should be entitled to be appointed to the medical charge of a certain number of stations, if that could be arranged with due regard to the number of Civil Surgeoncies reserved for Commissioned Medical Officers and for Military Assistant Surgeons, commended itself to the Governor General in Council, but His Excellency in Council was of opinion that it would not be advisable, even if it were possible, to specify, as the Bengal Government had proposed, any particular stations as charges to be held by Assistant Surgeons.

3. The views of Local Governments and Administrations upon the questions referred to them accorded closely with those of the Government of India, and the Governor General in Council has now much pleasure in announcing the following changes in the conditions of service of Civil Assistant Surgeons, which the respective Local Governments and Administrations may bring into operation at once.

4. In future Assistant Surgeons will not be placed on unemployed pay, except as a punishment. This change will not effect Madras, Bombay, Burma or the Central Provinces, where the system of unemployed pay is not in force.

If recruitment is regularly and systematically carried out, the number of candidates who will be supernumeraries without employment in particular charges will be small, but it will be necessary for Local Governments and Administrations to exercise the greatest possible care in framing their periodical estimates for recruits.

5. A senior grade of Civil Assistant Surgeons on a salary of R300 a month is sanctioned. The number of Senior Assistant Surgeons in each Province must not exceed 10 per cent. of the total strength of the service in the Province, but Assistant Surgeons who may be permanently appointed to the charge of civil stations will not be included in this percentage. It is not necessary that all the appointments to the senior grade which can be made under these orders should be made at once. The question whether the full number should be at once worked up to must be decided at the discretion of the Local Government and the Inspector General of Civil Hospitals in each case, but only thoroughly competent officers should be appointed. Promotion from the first grade on R200 to the senior grade will be made entirely by selection and without examination. It has been decided not to insist on a limitation of seven years' service to be passed in the R200 grade before further promotion, since its enforcement would unduly restrict the selection of officers for the senior grade. Promotion from the grades on R100 and R150, respectively, will, as hitherto, depend on the results of the examinations passed after a service of not less than seven years in each of those grades. Promotion to the first grade on Rs. 200 will be given to officers of not less than 14 years' service who have passed the second examination. Future entrants into the service will be permitted to appear at the second examination, not as a matter of course, but when they are considered by the Inspector General of Civil Hospitals to be fit for promotion beyond the

grade on R150. The proposal to meet the cost of the senior grade by restricting the number of promotions to the grade on R200 has been abandoned.

6. Although, this portion of the scheme will not apply immediately to the Madras Presidency, the Government of India desire the Madras Government to take steps to assimilate the pay and position of Assistant Surgeons in that Presidency to those of other Provinces as soon as practicable. At present this cannot be done, because the creation of the Assistant Surgeon class in that Presidency is of comparatively recent date.

7. In the Bombay Presidency Assistant Surgeons draw pay and allowances under two scales, as shown in the margin, according as they began their studies for medical diplomas before or after September 1876. The officers on the two scales require separate treatment. The Government of Bombay have proposed to create for the officers at present in the first class of the new scale four appointments on R350 (R300 pay and R50 allowance), the appointments being kept vacant until the Assistant Surgeons specially selected for them have rendered at least 21 years of approved service. For the officers under the old scale no increase in emoluments is necessary, but it is proposed to improve their pensionary prospects by converting four appointments on R200 pay *plus* R150 allowance into four appointments on R300 pay *plus* R50 allowance. These proposals are sanctioned with the approval of the Secretary of State. The Government of India desire, however, that, as soon as practicable, with due consideration of the expectations of those already in the service, the Assistant Surgeons in the Bombay Presidency may be placed on the same footing as those elsewhere.

	Old scale.		New scale.	
	Pay. R	Allowance. R	Pay. R	Allowance. R
1st class	200	150	200	50
2nd "	150	150	150	35
3rd "	100	100	100	20

8. At present there are, including one officer in Madras and two in the Punjab, who have been promoted to be Uncovenanted Medical Officers only five Assistant Surgeons who have been placed in permanent charges of civil stations. In reply to the reference made in the Circular of 20th September 1895, the Local Governments have expressed their willingness to reserve 19 Civil Surgeoncies, distributed as shown in the margin, to be filled by Civil Assistant Surgeons. For the present the Government of India sanction the reservation of this number of Civil Surgeoncies for Assistant Surgeons, leaving it to the Local Governments to appoint them to such stations as may be considered suitable. The Government of India are in correspondence with Local Governments with the object of increasing the number of Civil Surgeoncies to be thrown open to Civil Assistant Surgeons to 28, and trust that it will be found possible to raise them to this figure. When posted permanently to the independent charge of a civil station, an Assistant Surgeon will receive a consolidated salary of R350—30—500 a month. When in temporary charge, he will draw acting allowances on the minimum pay (R350) fixed for an officer holding permanent charge.

Madras	5
Bombay	2
Bengal	5
North-West Provinces and Oudh	2
Punjab	3
Burma	2
TOTAL	19

9. The introduction of the new arrangements is subject to the express condition that Municipal and Local Funds shall pay, in full measure, for the services of the Government Assistant Surgeons who are attached to Municipal and Local Fund Hospitals. The contributions payable to Government by those local bodies for the cost of the services of an Assistant Surgeon must therefore be raised in the Provinces where such contributions are calculated with reference to the pay only, and do not include consideration of leave allowances and pensions.

ORDER.—Ordered, that a copy of this Resolution be forwarded to all Local Governments and Administrations (except Coorg and Hyderabad), for information and guidance and to the Department of Finance and Commerce for information.

Ordered also, that the Resolution be published in the Supplement to the *Gazette of India*.

From J. P. HEWETT, Esq., C.I.E., Secretary to the Government of India, Home Department, to the Secretary to the Government of Bombay, General Department,—No. 1151, dated the 22nd August 1898. No. 28.

I am now directed to reply to your letters quoted in the margin which forwarded a memorial addressed to Her Majesty's Secretary of State for India, purporting to be signed on behalf of certain

No. 3594, dated 14th August 1896.
No. 5111, dated 21st November 1896.

inhabitants of Bombay on the subject of alleged evils in the present system of medical administration in India, and a report on the memorial by the Surgeon General with the Government of Bombay.

2. In transmitting the memorial to the Secretary of State, the Government of India invited attention to the report of the Surgeon General with the Government of Bombay, which thoroughly demonstrated the inaccuracy of most of the statements made in the memorial. The Government of India accordingly did not follow the memorialists through all their statements. They expressed their strong dissent, however, from two of the main arguments used by the memorialists in favour of the changes advocated. These were (1) that the present system has resulted in inefficiency in the conduct of the work of the higher medical appointments, and (2) that the proposals of the memorialists—of which the main outline was that there should be in India a separate Army Medical Service and a separate Civil Medical Service entirely independent of one another—would result in economy. As to the first contention, the Government of India recorded their opinion that the civil work of the Indian Medical Service has been very well performed; that appointments to special duties in the higher branches have been made with special reference to the qualifications of the officers selected; and that the Government have no reason to be dissatisfied with the manner in which the selected officers have carried out their duties. With regard to the contention that the method of filling the Civil Medical Service, independently of the Army Medical Service, would result in economy, the Government of India observed that the scheme sketched out in paragraph 15 of the memorial was too vague to lend itself to discussion, and that they did not feel justified in entertaining a proposal to subvert entirely the system on which at present both the Army and the Civil Medical Departments are officered, without having some well-considered alternative to suggest. This was not supplied in the memorial, which the Government of India, therefore, regarded merely as an additional indication of the need for placing on a better footing that portion of the Medical Service which is recruited from among the medical students trained in this country. The Governor General in Council was confident that the proposals then placed before the Secretary of State (which are detailed in the Home Department Resolution of this date) would go far to satisfy the legitimate aspirations of the students of Medicine in India who elect to enter Government service. In these circumstances the memorial was forwarded without any recommendation regarding the measures advocated by the memorialists.

3. With the views of the Government of India the Secretary of State has now expressed concurrence, and I am to request that, with the permission of the Governor in Council, the memorialists may be informed accordingly.

No. 29. From the Honourable Mr. J. F. PRICE, C.S.I., Chief Secretary to the Government of Madras, to the Secretary to the Government of India, Home Department,—No. 1322, dated the 6th October 1897.

I am directed to acknowledge the receipt of your Circular letter No. 946—953 of the 24th August last, regarding the proposal to increase the number of class II Civil Surgeoncies reserved for Civil Assistant Surgeons.

2. In reply I am to say that, as the Government of India is aware, all the List II appointments in this Presidency have already been set aside for Military or Civil Assistant Surgeons. No improvement in the prospects of the promotion of officers of the latter class is, therefore, practicable without an extension of List II. The present number of List I appointments, *viz.*, 26, constituting the war reserve of Commissioned Medical Officers in this Presidency, will be reduced to 25 on the abolition of the appointment of Secretary to the Surgeon General, when the present Surgeon General retires. The 21 districts, and the appointments of Surgeon General and Civil Surgeon at Cochin and Ootacamund cannot, in the opinion of this Government, be removed from the category of List I appointments. But in order to meet the wishes of the Government of India, His Excellency the Governor in Council, and provided the further reduction of the war reserve is unobjectionable, is prepared, if necessary, to relegate Cocanada, now in charge of a Civil Surgeon, to a List II appointment, and to place it under an Uncovenanted Medical Officer.

No. 30. From A. C. LOGAN, Esq., I.C.S., Acting Secretary to the Government of Bombay, to the Secretary to the Government of India, Home Department (Medical),—No. 122, dated the 7th January 1898.

I am directed to acknowledge the receipt of your letter No. 946—953, dated the 24th August 1897, referring for the consideration of this Government a revised scheme for reserving

a certain number of Class II Civil Surgeoncies for Civil Assistant Surgeons at the rates of pay admissible to Uncovenanted Medical Officers.

2. In reply, I am directed to forward, for the information of the Government of India, copy of a letter from the Surgeon General with this Government, No. 13090, dated the 28th October 1897, and to state that the Governor in Council concurs with the Surgeon General in thinking that a Third Civil Surgeoncy (though not Sholapur) may be opened to the Civil Assistant Surgeons on the retirement of Surgeon-Captain W. R. Scroggie, M.D.; but that no further reduction of the reserve of Commissioned Medical Officers is desirable. The proposal of the Surgeon General to transfer a civil dispensary to a Military Assistant Surgeon on the promotion of a Civil Assistant Surgeon to Dr. Scroggie's vacancy is in accordance with the suggestions of the Government of India in paragraph 5 of your letter. I am to observe that under the proposals of this Government as now enlarged more than 12 per cent. of the Civil Assistant Surgeons employed in this Presidency will have a chance of rising to highly-paid appointments; which is a considerably larger proportion than the proposals in your letter under reply contemplate for the service in India generally.

3. I am to add that the Governor in Council proposes to defer consideration of the place to be selected for a Civil Assistant Surgeon on Dr. Scroggie's retirement till that event occurs.

Letter from the Surgeon-General with the Government of Bombay, to the Secretary to the Government of Bombay, General Department,—No. 13090, dated the 28th October 1897. No. 31.

With reference to your No. 4963, dated 13th September last, I have the honour to make the following remarks on the proposals of the Government of India in their No. 946—953, dated 24th August 1897, Home Department (Medical).

2. In this office No. 9748, dated 18th December 1895, the then Surgeon General went into the proposals of the Government of India very fully, and I, after careful consideration, agree with his proposals that Kaira and Alibág should be the Civil Surgeoncies reserved for Civil Assistant Surgeons, and I cannot recommend that any of the other Class II appointments should at present be reserved for Civil Assistant Surgeons.

3. The strength of the Civil Assistant Surgeons with Kaira will be 52, and with two Civil Surgeoncies—Kaira and Alibág—and 4 men on the higher grade of pay, they will have 6 men drawing higher pay and qualifying for higher pension out of 52. In the Commissioned service in Bombay there are only 13 men out of a strength of 119 in the administrative grades which carry higher pay and pension. So the Civil Assistant Surgeons will in this regard be better off than the Commissioned officers, because they will have a greater percentage of men in the higher grades.

4. Another important point is that three out of the four remaining Class II Civil Surgeoncies, *viz.*:—Kárwár, Godhra and Bijápur—are already held by Commissioned officers, and I cannot recommend either of them being handed over to the Civil Assistant Surgeon class, (1) because they are more important than Kaira and Alibág and it is necessary that they should be held by Commissioned officers: (2) because these three stations are included amongst those from which Commissioned officers will be withdrawn in the event of a great emergency, and our war reserve of Commissioned officers in the Civil Department will be reduced, if two of them are given up to Civil Assistant Surgeons.

5. For these reasons I cannot recommend the proposals of the Government of India, but in order to comply as far as possible with their wishes, I think on the retirement of Surgeon-Captain Scroggie a Civil Assistant Surgeon may be placed as a Civil Surgeon at Sholápur and then the Civil Assistant Surgeons will have quite enough Civil Surgeoncies in their charge. A dispensary now held by a Civil Assistant Surgeon can be given to a Military Assistant Surgeon so as not to alter the strength of Military Assistant Surgeons employed in the Civil Department, as suggested by the Government of India in paragraph 6 (? 5) of their letter under review.

From the Secretary to the Government of Bengal, Municipal Department, to the Secretary to the Government of India, Home Department,—No. 1290 (Medical), dated the 5th March 1898. No. 32.

I am directed to acknowledge the receipt of your letter, No. 946—53, dated the 24th August 1897, in which, with reference to the proposal to reserve a certain number of Class II Civil Surgeoncies for Civil Assistant Surgeons, it is observed that the total number of such

appointments which the Local Governments propose to make available for officers of that class is only 19, and that if these 19 appointments are thrown open to Civil Assistant Surgeons, only 4·7 per cent. of the total number of officers in the service of the different Local Governments will be able to attain to a Civil Surgeoncy. A consideration of the circumstances obtaining in each Province, and of the number of class II appointments available, has suggested to the Government of India that it might be possible to raise the number which Local Governments have expressed their willingness to reserve for Civil Assistant Surgeons from 19 to 28, and the Lieutenant-Governor is requested to reconsider the question of the maximun nnmber of civil stations which might be thus reserved. The Government of India do not, it is understood, intend that the number of appointments reserved for Military Assistant Surgeons should be reduced in order to increase the number of civil stations to be reserved for Civil Assistant Surgeons.

2. In Bengal there are 75 sanctioned superior appointments for medical officers. Of these, 52, which are included in List I, have been reserved exclusively for Commissioned Medical Officers, and cannot be thrown open to any other class. Of the remaining 23 appointments it was proposed in this office letter, No. 320 Medical, dated the 24th January 1896, that 15 should be reserved for Military Assistant Surgeons in furtherance of the scheme for creating an adequate war reserve of such officers, and that 5 should be reserved for Civil Assistant Surgeons. There remain 3 appointments, namely, that of the Port Health Officer, Calcutta, that of Protector of Emigrants, and the Civil Surgeoncy of Puri. For certain special reasons which it is unnecessary to repeat here, it has been decided that these three appointments must be held by European Uncovenanted Medical Officers, at any rate so long as officers of this class are available. It is not possible, therefore, to throw open any one of these three appointments to Military or Civil Assistant Surgeons. Thus, of a total of 75 superior appointments, including civil stations, 52 have been exclusively reserved for Commissioned Officers, and 3 for Uncovenanted European Officers. There remain 20 civil stations which may be made available for either Military or Civil Assistant Surgeons, and which it was proposed to distribute between these two classes of officers as shown in columns 3 and 5 of the Statement (A) appended to the letter of the 24th February 1896 quoted above.

3. In order, therefore, to provide a few more civil stations for Civil Assistant Surgeons as desired by the Government of India, it will be necessary to give to Civil Assistant Surgeons some of the stations now included in the list of those which it was previously proposed to reserve for Military Assistant Surgeons; and after a careful consideration of the medical requirements of the districts of Bengal in consultation with the Inspector General of Civil Hospitals, the Lieutenant-Governor is of opinion that the medical charge of the districts of Pabna and Malda may be safely entrusted to Civil Assistant Surgeons. These districts are small both in area and importance, and for a considerable period during the last five years they have been in charge of Civil Assistant Surgeons. The number of European residents, moreover, is small, and the districts themselves are not healthy for European Officers. The Lieutenant-Governor, therefore, proposes that these two appointments should be reserved for Civil Assistant Surgeons, and that in their place the posts of Railway Medical Officer at Katihar and Medical Officer of the Sirajganj subdivision, which are at present held by Civil Assistant Surgeons, and which are well suited for Military Assistant Surgeons, should be transferred to the list of appointments for the latter class of officers.

4. The Lieutenant-Governor takes this opportunity to make certain further alterations in the proposals submitted in this office letter No. 320 Medl., dated the 24th January 1896. Since the issue of that letter, the post of Resident Medical Officer, Sibpur Engineering College, which was included in the list of appointments for Military Assistant Surgeons, has, under the orders contained in the Home Department letter, No. 769, dated the 12th September 1896, been transferred to that of appointments for Civil Assistant Surgeons, and in substitution therefor it is proposed to reserve for a Military Assistant Surgeon the post of Assistant Superintendent of Emigration at Goalundo, which was sanctioned in the letter from the Government of India, Revenue and Agricultural Department, No. $\frac{1490}{64-2}$, dated the 30th September 1897.

5. It was also proposed in the letter of the 24th February 1896, that the civil station of Serampore, which is now held by an uncovenanted medical officer, should be reserved for a Civil Assistant Surgeon. The importance of Serampore, however, from a sanitary point of view by reason of its proximity to Howrah and Calcutta, with which places it is in direct communication by rail, road, and water, its large mill-hand population, and the number of Europeans living there and in the vicinity, has recently been forcibly impressed upon Government, and the Lieutenant-Governor has decided that it is desirable that a European Medical Officer should be

posted there. In the statement (A) appended to the same letter, Palamau was shown among the civil stations proposed to be reserved for Military Assistant Surgeons. In submitting, however, the proposals of this Government for the conversion of Palamau into a separate district, provision was only made for a Civil Assistant Surgeon for the medical charge of the district, and it has since been held that a Civil Assistant Surgeon is competent to fill the charge. In view of these considerations, Serampore should be removed from the list of stations reserved for Civil Assistant Surgeons, and placed in the list of stations reserved for Military Assistant Surgeons; while Palamau, on the other hand, should be removed from the latter list, and placed in the former. These transfers will not affect the *total* number of appointments reserved for Military Assistant Surgeons, and will not, therefore, interfere with the scheme for maintaining a war reserve. I am to observe, however, that as it is contemplated to transfer the South Lushai Hills district from Bengal to Assam with effect from the 1st April next, Lungleh will have to be omitted from the Bengal list after that date.

6. The net result of the changes indicated above will be to reserve seven civil stations for Civil Assistant Surgeons instead of five as before, as shown in the accompanying table. It is hoped that this arrangement will sufficiently meet the wishes of the Government of India.

No. 33.

List of appointments proposed for Military Assistant Surgeons.		Civil stations proposed for Civil Assistant Surgeons.
Civil stations.	Other appointments.	
1	2	3
1. Balasore.	14.-16. Medical College Hospital, Calcutta.	1. Angul.
2. Bankura.	17.-21. Presidency General Hospital.	2. Bogra.
3. Birbhum.	22. Metford Hospital, Dacca.	3. Chittagong Hill Tracts.
4. Dinajpur.	23. General Hospital, Howrah.	4. Noakhali.
5. Faridpur.	24. Medical Officer, Sandheads.	5. Palamau.
6. Manbhum.	25. Chief Medical Officer, Eastern Bengal State Railway.	6. Malda.
7. Rangpur.	26. Medical Officer, Eastern Bengal State Railway, Sealdah.	7. Pabna.
8. Singhbhum.	27. Medical Officer, Eastern Bengal State Railway, Kanchrapara.	
9. Sonthal Parganas.	28. Medical Officer, Eastern Bengal State Railway, Damukdea.	
10. Khulna.	29. Medical Officer, Eastern Bengal State Railway, Sara.	
11. Jalpaiguri.	30. Medical Officer, Northern Bengal State Railway, Saidpur.	
12. Serampore.	31. Assistant to Civil Surgeon, 24-Parganas.	
13. Lungleh.	32.-33. Lunatic Asylum.	
	34. Eden Sanitarium.	
	35. Deputy Superintendent, Campbell Hospital, Sealdah.	
	36. House Surgeon, General Hospital, Cuttack.	
	37. House Surgeon, Bankipore Hospital.	
	38. Medical Officer, Goalundo.	
	39. Assistant Superintendent, Emigration, Goalundo.	
	40. Medical Officer, Sirajganj.	
	41. Railway Medical Officer, Katihar.	

From the Honourable Mr. H. F. Evans, Chief Secretary to the Government of the North-Western Provinces and Oudh, to the Secretary to the Government of India, Home Department,—No. 3044, dated Naini Tal, the 18th October 1897. No. 34.

I am directed to acknowledge the receipt of your letter No. 946—53, dated 24th August 1897, asking for the opinion of this Government on the proposals made in paragraphs 4 and 5 for improving the position and prospects of Civil Assistant Surgeons.

2. It is urged that the number of Civil Surgeoncies proposed by this Government to be thrown open to Civil Assistant Surgeons should be increased from two to four, and in order to

maintain unchanged the war reserve of Military Assistant Surgeons accepted by this Government, it is suggested that the difficulty might be overcome by placing Military Assistant Surgeons in some of the appointments now held by Civil Assistant Surgeons.

3. The appointments at present held by Civil Assistant Surgeons in these Provinces are:—

(*a*) Civil Medical charges (Chakrata and Garhwal)	2
(*b*) Special appointments with allowances of R100 each . . .	6
(*c*) Charges of Native Hospitals and Dispensaries	58
TOTAL	66

Of the two appointments included under (*a*), Chakrata is, properly speaking, a collateral medical charge, but it has for some time been held by a Civil Assistant Surgeon. Garhwal has never been made a Class II Civil Surgeoncy.

In these two appointments Military Assistant Surgeons could conveniently replace the Civil Assistant Surgeons now in charge. The Lieutenant-Governor does not, however, consider that they could be placed in any of the other appointments held by Civil Assistant Surgeons; and the only manner in which the wishes of the Government of India can be met is, in His Honour's opinion, to absorb two of the three collateral charges at present held by Commissioned Medical Officers, who receive an extra allowance for their civil duties.

These are—

	R
Roorkee	150 allowance.
Almora	100 „
Ranikhet	30 „

At Roorkee there is already a Military Assistant Surgeon in subordinate charge and the Lieutenant-Governor is not prepared to recommend that a second one should be posted there. There would, however, be no objection to the abolition of Almora and Ranikhet as collateral charges; and if this were done, two Military Assistant Surgeons could be posted to these stations.

4. Thus, on the occurrence of the first four vacancies in the Class II appointments now held by Military Assistant Surgeons, the officers sent to complete the war reserve of these Provinces could be placed in medical charge of Chakrata, Garhwal, Almora, and Ranikhet, a similar number of Class II appointments being absorbed by Civil Assistant Surgeons.

This scheme would entail no extra cost in respect of Chakrata and Garhwal, where the present Civil Assistant Surgeons would be merely replaced by Military Assistant Surgeons. But in regard to Almora and Ranikhet an extra expenditure of about R2,880 per annum, as shown on the margin, would be involved, assuming that the Military Assistant Surgeons employed in those stations would receive their grade pay, together with an allowance of, say, R30 per mensem.

	R
Average pay of two Military Assistant Surgeons .	310 per mensem.
Two allowances of R30 each	60 „ „
Total .	370 „ „
Deduct— Present allowances for Almora Ranikhet .	130 „ „
Extra cost .	240 „ „

5. The introduction of the scheme above indicated is, in Sir Antony MacDonnell's opinion, highly desirable, and it is recommended for the favourable consideration of the Government of India. I am, however, at the same time, to express a hope that at the approaching revision of the Provincial Contract the extra expenditure thus thrown on the Provincial funds in carrying out the wishes of the Government of India will be taken into consideration.

No. 35. From A. H. L. FRASER, Esq., C.S.I., Officiating Secretary to the Government of India, Home Department, to the Chief Secretary to the Government of the North-Western Provinces and Oudh,—No. 316, dated the 20th February 1899.

In your letter No. 3044, dated the 18th October 1897, dealing with the increase in the number of Civil Surgeoncies in the North-Western Provinces and Oudh to be reserved for Civil Assistant Surgeons, the proposal is made to constitute separate Military Assistant Surgeons' charges at Almora and Ranikhet in place of the existing arrangements under which these stations are held by Commissioned Medical Officers as collateral charges.

2. I am directed to request that, with the permission of His Honour the Lieutenant-Governor and Chief Commissioner, the Government of India may be informed what is the precise justification of the above proposal which involves an increased expenditure of R2,880 a year, and whether the present system has not been found to work satisfactorily.

From the Honourable Mr. J. O. MILLER, I.C.S., Chief Secretary to the Government of the North-Western Provinces and Oudh, to the Secretary to the Government of India, Home Department,—No. 1646, dated the 4th May 1899. No. 36.

I am directed to acknowledge the receipt of your letter No. 316, dated the 20th February 1899, and subsequent reminder, requesting to be informed of the precise justification of this Government's proposal to constitute separate Military Assistant Surgeons' charges at Almora and Ranikhet in place of the existing arrangements under which these stations are held by Commissioned Medical Officers as collateral charges.

2. In reply, I am to say, that the proposals contained in this Government's letter No. 3044, dated the 18th October 1897, were made with a view to meet the wishes of the Government of India in respect of the improvement of the prospects of Civil Assistant Surgeons. In paragraph 5 of the Government of India's Home Department letter No. 946—53 of 24th August 1897, it was stated that the difficulty of reserving four Civil Surgeoncies for Civil Assistant Surgeons, without reducing the number of appointments which under the war reserve scheme had to be reserved for Military Assistant Surgeons, might be overcome by placing Military Assistant Surgeons in some of the appointments held by Civil Assistant Surgeons. After careful examination of the question, it was found that only two appointments could be made available in this way, namely, by replacing the Civil Assistant Surgeons in charge at Chakrata and Garhwal by Military Assistant Surgeons as explained in paragraph 5 of this Government's letter of 18th October 1897. The only method by which the wishes of the Government of India in regard to the two remaining appointments could be met was to absorb the collateral charges of Almora and Ranikhet, placing these stations also in charge of Military Assistant Surgeons, and so setting free two more stations for Civil Assistant Surgeons. This latter measure, I am to explain, was considered at the time to be in itself a desirable one, but it was put forward not so much on the ground that the existing system of placing Commissioned Medical Officers in collateral charge of stations was unsatisfactory as because it was desired to meet the wishes of the Government of India that four class II Civil Surgeoncies should be reserved for Civil Assistant Surgeons.

3. The question has again been referred to the Inspector General of Civil Hospitals, who reports that he has no suggestions to make other than those originally put forward. He also states that further experience has shown that the existing system of treating Ranikhet and Almora (which are much more important stations than Chakrata and Garhwal) as collateral charges is most unsatisfactory in consequence of the constant changes among medical officers who are appointed to these charges, and of their frequent want of experience in civil work. This opinion, it is said, was shared by Colonel W. P. Warburton, late Inspector General of Civil Hospitals, and it is added that the objection to the continuance of the existing system applies with more force to Ranikhet than to Almora, inasmuch as the Medical Officer of Ranikhet always belongs to the Royal Army Medical Corps.

4. In these circumstances, I am to say, that the proposal originally made in 1897 is one which, in the Lieutenant-Governor's opinion, it is desirable to carry out, both because of its own advantages, and also with a view to completing the arrangements for the improvement of the position of Civil Assistant Surgeons in the manner desired by the Government of India.

From H. J. MAYNARD, Esq., Junior Secretary to the Government of the Punjab and its Dependencies, to the Secretary to the Government of India, Home Department,—No. 1206, dated the 5th October 1898. No 37.

I am directed by the Lieutenant-Governor to reply to your letter No. 946—953, dated the 24th of August 1897, on the subject of the number of Civil Surgeoncies in Class II in the Punjab that can be reserved for officers of the Civil Assistant Surgeon Class.

2. In the letter from this office, No. 547, dated the 20th of November 1896, it was said that three such appointments could be made available in this Province, and in paragraph 8 of the Home Department Resolution No. 1141-50, dated the 22nd of August 1898, this offer is accepted. His Honour has, however, to answer the question in the Government of India Resolution of the 24th of August 1897, as to whether it would not be possible to increase the number of Civil Surgeoncies available for Civil Assistant Surgeons in Class II "by placing Military Assistant Surgeons in some of the appointments now held by Civil Assistant Surgeons, *i.e.*, by making over to a Military Assistant Surgeon a lower appointment in exchange for each Civil Surgeoncy thrown open to Civil Assistant Surgeons." With reference to this

M

From Inspector General of Civil Hospitals, No. 968, dated 19th March 1898.
To Inspector General of Civil Hospitals, No. 721, dated 21st April 1898.
From Inspector General of Civil Hospitals, No. 230, dated 27th June 1898.
To Commissioner and Superintendent, Delhi Division, No. 1061, dated 18th July 1898.
From Commissioner and Superintendent, Delhi Division, No. 207, dated 10th August 1898.

I am to forward, for the information of the Government of India, a copy of the correspondence noted on the margin, and to explain that the delay in replying has been due to the importance which the Lieutenant-Governor attaches to the improvement of the prospects of Civil Assistant Surgeons by increasing, if possible, the number of Civil Surgeoncies available for this class of officers. Sir Mackworth Young is now forced to the conclusion, that it is not practicable to achieve this end and at the same time to provide employment for all the Military Assistant Surgeons whom this Province is pledged to take unless the Government of India can arrange to send junior officers of the latter class who would be removed from civil employ in the Punjab as soon as it ceased to be possible to provide them with adequately remunerative posts. His Honour anticipates considerable objections to such an arrangement, but if it is feasible he would propose to employ one Military Assistant Surgeon as Sanitary Officer at Kalka (a post which carries a salary of R100 to R200 per mensem), when a Civil Station held by a Military Assistant Surgeon next falls vacant by the retirement of a senior Military Assistant Surgeon. The Lieutenant-Governor would be prepared also to consider the further employment of Military Assistant Surgeons in Railway Dispensaries, *e.g.*, at Bhatinda or Dandote, as he does not think that the fact that the Railway posts are a convenient means of disposing of Civil Assistant Surgeons unfit for other appointments furnishes a good argument against such an arrangement.

No. 38. From Surgeon-Colonel D. O'C. RAYE, M.D., Inspector General of Civil Hospitals, Punjab, to the Junior Secretary to the Government of the Punjab,—No. 968, dated the 19th March 1898.

In reply to your endorsement No. 343, Home (Medical and Sanitary), of the 10th March 1898, I have the honour to express the opinion that the proposal already made may be adhered to, namely, to reserve three stations for Civil Assistant Surgeons. This is a fair proportion.

2. I don't think it would be advisable to place Military Assistant Surgeons in charge of dispensaries, and thus allow one or more of the Civil Surgeoncies now held by them to be made available for Civil Assistant Surgeons.

No. 39. From J. H. MAYNARD, Esq., Junior Secretary to the Government, Punjab, to the Inspector General of Civil Hospitals, Punjab,—No. 721, dated the 21st April 1898.

I am directed to acknowledge the receipt of your letter No. 968, dated the 19th of March 1898, regarding the proposal of the Government of India that a certain number of Class II Civil Surgeoncies should be reserved for Civil Assistant Surgeons in each Province at the rates of pay admissible to Uncovenanted Medical Officers.

2. In paragraph 5 of its letter No. 946—53 Medical, dated the 24th of August 1897, a suggestion is made by the Government of India to the effect that more than three appointments of the kind indicated might be found for Civil Assistant Surgeons in the Punjab if the Local Government would be willing to make over "to a Military Assistant Surgeon a lower appointment in exchange for each Civil Surgeoncy thrown open to Civil Assistant Surgeons." With reference to this you observe that you "do not think it would be advisable to place Military Assistant Surgeons in charge of dispensaries and thus allow one or more of the Civil Surgeoncies now held by them to be made available for Civil Assistant Surgeons."

3. With reference to this opinion the Lieutenant-Governor desires me to point out that it is not only to dispensary appointments that the suggestion of the Government of India applies. What it suggests is that Military Assistant Surgeons might be possibly placed in some of the lower appointments now held by Civil Assistant Surgeons, thus setting free a larger number of Civil Surgeoncies for the latter class of officers without reducing the number of the former employed in the Province. Besides the dispensary appointments, there are several others now held by Civil Assistant Surgeons and possibly suitable for Military Assistant Surgeons instead. The present is an opportunity, His Honour would be sorry to allow to slip, of improving the prospects of the Civil Assistant Surgeon Class, and he will not feel satisfied that it is impossible to utilize it without seeing an exhaustive list of the appointments of a subordinate kind in the Punjab now held by Civil Assistant Surgeons, with a note of the salaries attached, and of your reasons for thinking in each case that a Military Assistant Surgeon would not be suitable for the post.

4. I am to add that it is understood that the Military Assistant Surgeons sent to Civil work are often comparatively senior, though the cases of Military Assistant Surgeons Owen and Deeks show that this is not necessarily the rule, and in furnishing the particulars now asked for, it is desirable that you should say whether any of the appointments in the list to be prepared would be suitable for Military Assistant Surgeons if it could be arranged with the Government of India to obtain men of less long standing than those generally sent to Civil work.

From Surgeon-Colonel D. O'C. Raye, M.D., Inspector General of Civil Hospitals, Punjab, to the Junior Secretary to the Government of the Punjab,—No. 230, dated the 27th June 1898. No. 40.

In accordance with the Lieutenant-Governor's instructions conveyed to me in your letter No. 721 of the 21st April 1898, Home—Medical and Sanitary, I have the honour to enclose the statement called for showing the appointments held by Civil Assistant Surgeons, and to remark that, as will be seen from a reference to these statements, the only posts now held by Civil Assistant Surgeons, to which Military Assistant Surgeons could be transferred, are those on the Railway and the Sanitary Officer's post at Kalka. The pay sanctioned for all these appointments is from R100 to R200, and, therefore, not suitable for the senior grade of Military Assistant Surgeons, whose pay is R200 to R400, with other authorized allowances.

2. Now the Military Assistant Surgeons who are allowed to take up Civil duties are generally men of some standing, who are selected for meritorious service, and who are comparatively senior men. It is most unlikely that the Government of India will depart from this practice and nominate juniors to the prejudice of their seniors.

3. It is true, as remarked in paragraph 4 of your letter, junior men are sometimes sent to Civil duties, but in the instances you refer to the consolidated pay of the appointments is such that none but junior officers can hold them. They are not posts to which it would in any way benefit a Civil Assistant Surgeon to be transferred.

4. From the foregoing remarks it will be seen that an initial difficulty would occur in procuring from the Government of India Military Assistant Surgeons of sufficiently low standing to allow of their accepting the Railway appointments and holding them for any considerable time. If such junior men were provided, they would in time necessarily become senior, and could not then be kept on in the Railway, the pay being insufficient.

There would be no Civil Station or other suitable posts to transfer them to, and they would probably have to revert to military duty; such a scheme would not work.

5. But supposing that these Railway posts were actually given to Military Assistant Surgeons and the Civil Surgeoncies now held by them were opened to Civil Assistant Surgeons, difficulties would not disappear. The Railway appointments are of less importance than the charge of Civil Dispensaries, and are consequently given to men who are quite unfit for good dispensaries, much less for Civil Stations. Setting such men free from the Railway would, therefore, not help; they could not be utilized as substitutes for good officers in Civil Dispensaries who might be considered fit for promotion to Civil Stations. These officers would have to continue just as they were before, and the inferior men would be thrown on the general duty list with advantage to nobody. I will give a concrete case—Assistant Surgeon Parmánand is in charge of a North-Western Railway Section; he is a useless man. If Military Assistant Surgeon Forrester, who is sufficiently junior for a Railway post, and who is now a Civil Surgeon, were sent to the Railway, Assistant Surgeon Parmánand could not replace him in the Civil Station. He is quite unfit for it; nor could he be sent to, say, Ferozepore Civil Hospital to set free Assistant Surgeon Thákur Dás, who is fit for a Civil Station charge. There are always a few worthless men of this sort. They are not quite bad enough for dismissal, and it is always a trouble to know what to do with them. The Railway posts are about the only ones they can be put into, though I admit it is hard on the Railway.

6. It may be looked on as almost certain that most of the Military Assistant Surgeons sent by the Government of India for employment under Local Governments will be men of some seniority, so that it is only Civil Stations which can provide sufficient pay for them. I think, however, that when such a Civil Station next falls vacant by the retirement of a senior, the Government of India might be asked to send a younger man, who, instead of replacing the retiring officer in the Civil Station, would be sent to Kalka as Health Officer, displacing the Civil Assistant Surgeon there, who could either be given the vacant Civil Surgeoncy or released to set free a more deserving Senior Civil Assistant from a dispensary to fill the Civil Station.

Appointments in the Punjab held by Civil Assistant Surgeons.

I.

Nature of appointment.	Salary.	Remarks.
Medical charge of the Civil Hospital or Dispensary at—		Charge of a Civil Dispensary is not suitable for a Military Assistant Surgeon. The patients are exclusively natives, with whose prejudices and customs no Military Assistant Surgeon could be properly familiar; furthermore these dispensaries have dwelling-houses built for natives of India, in which a Military Assistant Surgeon could not live.
1. Gurdáspur	R100 to R200.	
2. Jullundur		
3. Ferozepore		
4. Montgomery		
5. Ráwalpindi		
6. Amritsar		
7. Ludhiána		
8. Kasúr		
9. Mooltan		
10. Pind Dádan Khan		
11. Egerton Hospital, Peshâwar		
12. Hoshiárpur		
13. Delhi		
14. Bhiwáni		
15. Gujránwála		
16. Siálkot		
17. Umballa		
18. Hazro		
19. Hissar		
20. Sirsa	R100 to R150.	
21. Shahpur		
22 Gujrát		
23. Jagádhri		
24. Rewári		
25. Chakwál		
26. Rájanpur		
27. Lyallpur		
28. Karnál		
29. Fázilka		
30. Dera Ismail Khan		
31. Bannu		
32. Ripon Hospital, Simla		
33. Bhakkar		
34. Sonepat		
35. Gurgaon		
36. Rúpar		
37. Batála		
38. Kulu	R100.	
39. Chiniot		
40. Pindigheb		
41. Kohát		
42. Haripur		
43. Abbottabad		
44. Muzaffargarh		
45. Jhang		
46. Wazírabad		

Appointments in the Punjab held by Civil Assistant Surgeons—continued.

II.

Nature of appointment.	Salary.	REMARKS
Medical charge of the Civil Hospital or Dispensary at—		
47. Lecturer on Surgery, Lahore Medical School.	R100 to R200 + R150 allowance.	The duties include teaching in the vernacular, and for this reason alone unsuitable to a Military Assistant Surgeon.
48. Teacher, Veterinary School, Lahore .	R100 to R200, + R100 allowance.	Ditto ditto.
49. Lecturer on Anatomy, Lahore Medical School.	R100 to R200, + R100 allowance.	Ditto ditto.
50. Assistant Chemical Examiner and Teacher of Forensic Medicine.	R100 to R200, + R100 allowance.	Ditto ditto.
51. Lecturer on Medicine, Lahore Medical School.	R100 to R200, + R100 allowance.	Ditto ditto.
52. Junior Demonstrator of Anatomy, Lahore Medical School.	R100 + R50 allowance.	Ditto ditto.
53. Senior House Surgeon, Mayo Hospital	R100 . .	The duties of these appointments lie wholly amongst native sick, and the posts are quite unsuitable for a Military Assistant Surgeon.
54. Junior House Surgeon, Mayo Hospital	R100 . .	The duties of these appointments lie wholly amongst native sick, and the posts are quite unsuitable for a Military Assistant Surgeon.
55. Cantonment Hospital, Ráwalpindi .	R100 to R200 .	The work is entirely confined to native patients.
56. Sanitary Officer, Kálka . . .	R100 to R200 .	This post could well be held by a Military Assistant Surgeon.
57. Assistant to Civil Surgeon, Delhi .	R100 to R200 .	This post though for the time being held by a Civil Assistant Surgeon is one set apart for a Military man.
58. Charge of Simla Secretariat Establishments.	R100 to R200	This appointment requires a native preferably a Bengali, as his patients are Bengali Clerks
59. Kashmir State	About R300 .	The selection rests mainly with the State concerned.
60. Patiála	Special . .	These appointments are not suited for Military Assistant Surgeons, and are in fact prized by the Civil Assistant Surgeons.
61. Jeypore	Special . .	These appointments are not suited for Military Assistant Surgeons, and are in fact prized by the Civil Assistant Surgeons.
62. North-Western Railway, Lahore City	R100 to R200 + R15 allowance.	This lies in the native town and deals wholly with natives.
63. Southern Punjab Railway, Bhatinda .	R100 to R200 .	Any of these posts could be held by a Military Assistant Surgeon, provided he was of sufficiently junior rank and that the Railway would be prepared to build suitable quarters for him. With the exception of Bhatinda, where larger quarters are now being built, the houses in the other places could not be used by a Military Assistant Surgeon.
64. Southern Punjab Railway, Rojhanwáli.	R100 to R200 .	Any of these posts could be held by a Military Assistant Surgeon, provided he was of sufficiently junior rank and that the Railway would be prepared to build suitable quarters for him. With the exception of Bhatinda, where larger quarters are now being built, the houses in the other places could not be used by a Military Assistant Surgeon.
65. North-Western Railway, Dandote .	R100 to R200 .	Any of these posts could be held by a Military Assistant Surgeon, provided he was of sufficiently junior rank and that the Railway would be prepared to build suitable quarters for him. With the exception of Bhatinda, where larger quarters are now being built, the houses in the other places could not be used by a Military Assistant Surgeon.
66. North-Western Railway, Khanpur .	R100 to R200 .	Any of these posts could be held by a Military Assistant Surgeon, provided he was of sufficiently junior rank and that the Railway would be prepared to build suitable quarters for him. With the exception of Bhatinda, where larger quarters are now being built, the houses in the other places could not be used by a Military Assistant Surgeon.

From H. J. MAYNARD, Esq., Junior Secretary to the Government of the Punjab, to the Commissioner and Superintendent, Delhi Division,—No. 1061, dated the 18th July 1898. No. 41.

In connection with measures which have been under consideration for some time past for an improvement in the position and prospects of Civil Assistant Surgeons, and more especially in the direction of rewarding the more deserving officers of this class with Civil Surgeoncies, it has been suggested by the Government of India that perhaps lower appointments might be made over to Military Assistant Surgeons, and thus one or more of the Civil Surgeoncies now held by this class of officers would become available for Civil Assistant Surgeons.

2. The Inspector General of Civil Hospitals, Punjab, who has been consulted on the subject, observes that when a Civil Station held by a Military Assistant Surgeon "next falls vacant by the retirement of a Senior (Assistant Surgeon), the Government of India might be asked to send a younger man, who, instead of replacing the retiring officer in the Civil Station, would be sent to Kálka as Health Officer, displacing the Civil Assistant Surgeon there, who could either be given the vacant Civil Surgeoncy or released to set free a more deserving Senior Civil Assistant (Surgeon) from a dispensary to fill the Civil Station."

3. His Honour will be glad for the favour of your opinion as to whether the post of Sanitary Officer, Kálka, could suitably be filled by a Military Assistant Surgeon.

From A. MEREDITH, Esq., Deputy Commissioner, Simla, to the Commissioner and Superintendent, Delhi Division,—No. 203, dated the 8th August 1898.

In reply to your endorsement No. 687, dated 23rd July 1898, I have the honour to report that the Civil Surgeon is of opinion that the post of Sanitary Officer, Kálka, can suitably be filled by a Military Assistant Surgeon, and that I concur with him in his opinion.

No 42. Endorsement by the Commissioner and Superintendent, Delhi Division,—No. 207, dated the 10th August 1898.

Copy of above submitted to H. J. Maynard, Esq., Junior Secretary to Government, Punjab, *Simla*, for information, in reply to his No. 1061 of the 18th July 1898, and telegram of 9th August 1898. Commissioner concurs with the local officers.

No. 43. From F. C. GATES, Esq., Secretary to the Government of Burma, General Department, to the Secretary to the Government of India, Home Department,—No. 424—4 X.-41, dated the 20th October 1897.

I am directed to reply to your letter No. 946—53, dated the 24th August 1897, concerning the reservation of Civil Surgeoncies for Civil Assistant Surgeons.

2. There are 43 medical appointments in Burma of, or superior to, the rank of a Civil Surgeoncy, *viz.* :—

Inspector General of Jails and his Secretary	2
Superintendents of Central Jails	2
Civil Surgeoncies	38
Resident Surgeon, Rangoon Hospital	1
TOTAL	43

Out of these 43 appointments, 21* are reserved for Commissioned Officers and 18† for Military Assistant Surgeons. There is no objection, in the Lieutenant-Governor's opinion, to declaring that the remaining four appointments shall eventually be reserved for Civil Assistant Surgeons. But as this Government has now in its employ four Uncovenanted Medical Officers (Messrs. Maddox, Martin, Evers, and Wells) who have been confirmed in the service and three more (Messrs. Hollingsworth, Fink, and Augustine) whose claims to permanent employment will have to be considered, it is clear that the day is distant when the 22 charges above mentioned will be held by 18 Military and 4 Civil Assistant Surgeons.

* Home Department endorsement No. 737, dated 12th July 1897.

† Home Department letter No. 25—816, dated 31st October 1895.

3. There are now two Civil Assistant Surgeons (Omerto Lal Munshi and F. X. d'Attaides) who have held charge of Civil Surgeoncies for some years and a third (Durga Das Bhattacharji) who held such a charge formerly for several years. Others have held Civil Surgeoncies for short periods.

4. In these circumstances it seems likely that employment in charge of Civil Surgeoncies will not be available for so many as 18 Military Assistant Surgeons. But the Lieutenant-Governor expects that Burma will be able to find civil employment in one capacity or another for the 20 Military Assistant Surgeons referred to in paragraphs 4 and 6 of your letter No. 25—816, dated the 31st October 1895. The subordinate appointments in the large hospitals of Rangoon and Mandalay, in the Rangoon Lunatic Asylum, at Tiddim in the Chin Hills, at Paletwa in the Arakan Hills, and at Papun in the Salween District, will absorb five or six and other needs will doubtless arise before the military service is brought up to its full strength.

From C. E. B. CRITCHLEY, Esq., Assistant Secretary to the Chief Commissioner, Central Provinces, General Department, to the Secretary to the Government of India, Home Department,—No. 7666, dated the 4th October 1897. No. 44.

I am directed to acknowledge the receipt of your letter No. 946—53, dated the 24th August last, inviting a reference to paragraph 4 and that portion of paragraph 2 of Home Department letter No. $\frac{19\text{-Medical}}{663-669}$, dated the 20th September 1895, which dealt with the proposal that a certain number of Class II Civil Surgeoncies should be reserved for Civil Assistant Surgeons in each Province at the rates of pay admissible to Uncovenanted Medical Officers, and asking the Chief Commissioner's opinion on the proposal to reserve two such appointments in the Central Provinces for Civil Assistant Surgeons.

In reply, I am to say that the Chief Commissioner has no objection to the above proposal provided that only one Class II Civil Surgeoncy is made available until Mr. T. W. Quinn, an Uncovenanted Medical Officer, who has long officiated as Civil Surgeon in these Provinces, is retired or otherwise provided for.

From the Officiating Secretary to the Chief Commissioner of Assam, to the Secretary to the Government of India, Home Department,—No. $\frac{878\text{P.S.}}{7921}$ G., dated the 20th October 1897. No. 45.

I am directed to acknowledge the receipt of your letter No. 946-53 (Medical), dated the 24th August 1897, circulating, for the consideration of Local Governments and Administrations, revised proposals in connection with the scheme formulated by the Government of India for the reservation of a certain number of Class II Civil Surgeoncies in each province for Civil Assistant Surgeons, and suggesting that one appointment of this class in Assam should be reserved for a Civil Assistant Surgeon.

2. In reply, I am directed to submit, for the information of the Government of India, copy of a letter marginally noted from the Principal Medical Officer and Sanitary Commissioner, Assam, and to say that the Chief Commissioner adheres to the view expressed by Sir William Ward in paragraph 4 of my letter No. 7 P. S.—2913G., dated the 9th May 1896, that no civil station in Assam under Class II should be reserved for Civil Assistant Surgeons.

No. 2256C., dated the 23rd September 1897.

3. I am to add that Mr. Cotton quite agrees with the remarks recorded by Dr. Stephen, and that the circumstances of this province render it most inexpedient that any district should be left for any considerable time in the charge of a Civil Assistant Surgeon. At present, in consequence of the transfer of Surgeon-Major G. H. Fink and Surgeon-Captain E. C. Hare to military duty, the Garo Hills district has been placed in charge of a Civil Hospital Assistant, and the district of Sibsagar is in medical charge of a Civil Assistant Surgeon, who ought properly to be employed on immigration duty, his salary being debitable to the Inland Labour Transport Fund. The arrangement is an embarrassing one, which should not, in the Chief Commissioner's opinion, be allowed to continue.

From Surgeon-Colonel A. STEPHEN, M.B., Principal Medical Officer and Sanitary Commissioner, Assam, to the Secretary to the Chief Commissioner of Assam,—No. 2256C., dated the 23rd September 1897. No. 46.

With reference to your memorandum No. 6595G., dated the 18th September 1897, forwarding a copy of Government of India, Home Department, letter No. 946-53 of the 24th August 1897, suggesting that one of Class II Civil Surgeoncies be reserved for a Civil Assistant Surgeon in Assam, I have the honour to say that, for the reasons given in the fourth paragraph of my letter No. 2598C., dated the 31st December 1895, I am still of opinion that none of the Civil Surgeoncies of Assam should be reserved for Civil Assistant Surgeons. In the Lakhimpur, Sibsagar, Nowgong, Darrang, Sylhet, and Cachar districts, there are many tea gardens. Most of these gardens are under the medical supervision of European medical officers. Any one of these gardens may have to be inspected by the Civil Surgeon or Civil Medical Officer of the district, and there would almost certainly be friction if any garden on the list of gardens with a mortality of 7 per cent. or over were inspected by Civil Assistant Surgeons. The duties performed by the medical officers of the Goalpara, Kamrup, and Khasi and Jaintia Hills districts are so important, that, in my opinion, the Civil Surgeoncies of these districts should usually be held by covenanted medical officers. Of the two remaining districts —Lushai Hills and Garo Hills—the Civil Surgeoncy of the Lushai Hills should, in my

opinion, be held by a covenanted medical officer or a Military Assistant Surgeon, as there is a arge police battalion in that district, and Aijal is very inaccessible. The medical duties of the Garo Hills district are not so important; but as Tura is somewhat inaccessible, and as a second medical opinion cannot therefore be obtained in important and critical cases in less than three days, I consider that that appointment should also usually be held by a covenanted medical officer or a Military Assistant Surgeon.

No. 47. *Extract from the Proceedings of the Government of India in the Home Department, No. 1084-93 (Medical),—under date Simla, the 22nd June 1899.*

READ—

Home Department Resolution Nos. 1141—50, dated the 22nd August 1898, regarding the improvement of the position and prospects of Civil Assistant Surgeons.

RESOLUTION.—In paragraph 8 of the Resolution cited in the preamble, the Government of India sanctioned the reservation of 19 Civil Surgeoncies for Civil Assistant Surgeons, and stated that they were in correspondence with Local Governments with the object of increasing the number to 28. Arrangements have now been made to reserve 28 Civil Surgeoncies for Civil Assistant Surgeons, distributed amongst the provinces as follows:—

Madras	5
Bombay	3
Bengal	7
North-Western Provinces and Oudh	4
Punjab	3
Burma	4
Central Provinces	2
TOTAL	28

The complete arrangement cannot be made at once; as occasion offers, the districts will be placed in charge of Civil Assistant Surgeons until the maximum number (28) is reached.

ORDER.—Ordered that a copy of this Resolution be forwarded to all Local Governments and Administrations (except Coorg and Hyderabad) for information and guidance, and to the Department of Finance and Commerce for information.

Ordered also that the Resolution be published in the Supplement to the *Gazette of India.*

No. 48. From R. NATHAN, Esq., Under Secretary to the Government of India, Home Department, to the Chief Secretary to the Government of Madras,—No. 1094, dated the 22nd June 1899.

With reference to your letter No. 1322 (Public), dated the 6th October 1897, I am directed to invite your attention to this Department Resolution No. 1084-93, dated the 22nd June 1899, announcing the number of Civil Surgeoncies to be reserved for Civil Assistant Surgeons in different provinces.

2. I am also to state that the Government of India do not think it desirable to make Cocanada a List II appointment and to place it in the medical charge of a Civil Assistant Surgeon, as this would intrude on the war reserve of officers of the Indian Medical Service. The number of Civil Surgeoncies to be reserved for Civil Assistant Surgeons in Madras has, therefore, been left at five.

No. 49. From R. NATHAN, Esq., Under Secretary to the Government of India, to the Secretary to the Government of Bombay, General Department,—No. 1095, dated the 22nd June 1899.

With reference to your letter No. 122, dated the 7th January 1898, I am directed to invite your attention to this Department Resolution No. 1084-93, dated the 22nd June 1899, announcing the number of Civil Surgeoncies to be reserved for Civil Assistant Surgeons in different provinces.

2. I am also to state that the Government of India approve the proposal that, on the retirement of a Senior Military Assistant Surgeon (Captain Scroggie), a third Class II Civil Surgeoncy should be placed in charge of a Civil Assistant Surgeon, the charge of a civil dispensary being transferred from a Civil to a Military Assistant Surgeon.

From R. NATHAN, ESQ., Under Secretary to the Government of India, to the Secretary to the Government of Bengal, Municipal (Medical) Department,—No. 1096, dated the 22nd June 1899. **No. 50.**

With reference to your letter No. 1290 (Medical), dated the 5th March 1898, I am directed to invite your attention to this Department Resolution No. 1084-93, dated the 22nd June 1899, announcing the number of Civil Surgeoncies to be reserved for Civil Assistant Surgeons in different provinces.

2. I am also to state that the Government of India approve the proposal to place two more List II stations (Pabna and Malda) in charge of Civil Assistant Surgeons, transferring two appointments (Railway Medical Officers at Katihar and Serajganj) now held by Civil Assistant Surgeons to the charge of Military Assistant Surgeons.

From R. NATHAN, Esq., Under Secretary to the Government of India, to the Chief Secretary to the Government of the North-Western Provinces and Oudh, No. 1097, dated the 22nd June 1899. **No. 51.**

With reference to the correspondence ending with your letter No. 1646, dated the 4th May 1899, I am directed to invite your attention to this Department Resolution No. 1084-93, dated the 22nd June 1899, announcing the number of Civil Surgeoncies to be reserved for Civil Assistant Surgeons in different provinces.

2. I am also to state that, under the circumstances explained in your letter under reference, the Government of India sanction the proposal contained in Mr. Evans' letter No. 3044, dated the 18th October 1897, to place Military Assistant Surgeons in medical charge of Chakrata, Garhwal, Almora, and Ranikhet, and to reserve four Class II Civil Surgeoncies for Civil Assistant Surgeons.

From R. NATHAN, Esq., Under Secretary to the Government of India, to the Judicial and General Secretary to the Government of the Punjab, Home (Medical and Sanitary) Department, No. 1099, dated the 22nd June 1899. **No. 52.**

With reference to your letter No. 1206, dated the 5th October 1898, I am directed to invite your attention to this Department Resolution No. 1084-93, dated the 22nd June 1899, announcing the number of Civil Surgeoncies to be reserved for Civil Assistant Surgeons in different provinces.

2. I am also to state that, in view of the explanation given in your letter, the Government of India will not ask the Government of the Punjab to provide more Class II Civil Surgeoncies for Civil Assistant Surgeons than the three already agreed upon in the correspondence ending with Home Department Resolution Nos. 1141–50, dated the 22nd August 1898.

From R. NATHAN, Esq., Under Secretary to the Government of India, to the Secretary to the Government of Burma, General Department, No. 1100, dated the 22nd June 1899. **No. 53.**

With reference to your letter No. 424—4-X-411, dated the 20th October 1897, I am directed to invite your attention to this Department Resolution No. 1084-93, dated 22nd June 1899, announcing the number of Civil Surgeoncies to be reserved for Civil Assistant Surgeons in different provinces.

2. I am also to state that the Government of India approve the proposal that, as vacancies occur, Civil Assistant Surgeons shall be placed in medical charge of four districts in Burma.

From R. NATHAN, Esq., Under Secretary to the Government of India, to the Chief Commissioner of the Central Provinces, No. 1101, dated the 22nd June 1899. **No. 54.**

With reference to your letter No. 7666, dated the 4th October 1897, I am directed to invite your attention to this Department Resolution No. 1084-93, dated the 22nd June 1899,

announcing the number of Civil Surgeoncies to be reserved for Civil Assistant Surgeons in different provinces.

2. I am also to state that the Government of India approve the proposal that two Class II Civil Surgeoncies shall eventually be reserved for Civil Assistant Surgeons in the Central Provinces.

No. 55. From R. NATHAN, Esq., Under-Secretary to the Government of India, to the Chief Commissioner of Assam, No. 1102, dated the 22nd June 1899.

With reference to your letter No. $\frac{878\text{-P. S.}}{7921}$-G., dated the 20th October 1897, I am directed to invite your attention to this Department Resolution No. 1084-93 dated the 22nd June 1899, announcing the number of Civil Surgeoncies to be reserved for Civil Assistant Surgeons in different provinces.

2. You will observe that the Government of India have not reserved any Civil Surgeoncy in Assam for a Civil Assistant Surgeon.

G. I. C. P. O.—No. 2090 H. D.—9-7-00.—500.

SELECTIONS

FROM THE

RECORDS OF THE GOVERNMENT OF INDIA,

HOME DEPARTMENT.

No. CCCLXXI.

HOME DEPARTMENT SERIAL No. 29

PAPERS

RELATING TO THE

IMPROVEMENT OF THE POSITION AND PROSPECTS

OF

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